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THE  
HOMŒOPATHIC TREATMENT  
OF  
SYPHILIS, GONORRHŒA,  
SPERMATORRHŒA,  
AND  
URINARY DISEASES

COMPILED BY  
J. PH. BERJEAU,  
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*Revised, with Numerous Additions,*

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## PREFACE TO THE FIRST ENGLISH EDITION.

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THE acknowledged want of a Homœopathic treatise on Urinary and Syphilitic Diseases has induced me to compile the present volume from the few authorities (homœopathic) who have given the results of their experience to the world. I have endeavored to render the descriptions and treatment of the diseases as concise and as intelligible as possible, without being obscure, and have consequently rejected (as much as possible) the use of technical phraseology, which is, in treatises of this kind, almost unavoidable.

The principal authors to whom I am indebted for much of the *practical* information, are Drs. Laurie, of London; Gollmann, of Vienna; and Humphrey, of Philadelphia, U. S.; to whom I tender my best acknowledgments.

J. PH. BERJEAU.

LONDON, December, 1856.



## PREFACE

### TO THE FIRST AMERICAN EDITION.

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HAVING been requested to revise DR. BERJEAU'S excellent treatise, for republication in this country, it is proper to mention the alterations and additions which have been made to the Second English Edition.

[The *principal additions* made by the American Editor will be found enclosed in brackets, like this sentence.]

The repeated *dose-directions* have been omitted as unnecessary, and the whole work condensed in various ways (without omitting anything else), in order to introduce *new matter*, and, at the same time, avoid increasing too much the size of the book, or enhancing its price.

The full discussion of the *dose*, added by the Editor, will, it is believed, be found to contain directions amply sufficient for the junior practitioner. Those more experienced will need no such guidance.

The *treatment* of acute and chronic *Gonorrhœa*, as well in the female as in the male, and of *Gleet*, has been much more fully set forth. Here will now be found,

in addition to the system advised by our author, the various methods recommended by particular physicians of eminence; and also that which corresponds with our own experience, and which is believed to be most strictly in accordance with Homœopathic principles. We refer here more especially to what we have said of *intercurrent anti-psoric* treatment in venereal cases.

The entire chapter on *Venereal Rheumatism* has been added to the work in this edition. Important additions will be found under *Condylomata*; *Hæmaturia*; *Orchitis*; *Prostatitis*; *Chancre*, and numerous other headings.

Similar additions also appear, in connection with *Syphilis*, and *Syphilitic* disorders. And in every part of the work numerous minute additions occur,—which it would not have been deemed worth while to enclose in brackets, but from an unwillingness to make the Author responsible for what he had not written.

The chapter on CEREBRO-SPINAL MENINGITIS, originally published in the fourth volume of the Hahne-mannian Monthly, has been inserted as necessary to cover the vacant ground between the *Spinal Irritation*, and *Tabes Dorsalis* of Berjeau.

Some important *New Remedies* have also been introduced; such as *Copaiba* and *Occimum canum*, in Hæmaturia and Renal Colic; *Tussilago petasites*, in Gonorrhœa; *Nat. mur.* and *Mezereum*, in Gleet; *Euphrasia*, *Nitric acid*, and *Sabina*, in Condylomata; and *Jatroranda caroba* and *Phytolacca decandra*, in Syphilis.



From the larger work of *Jahr* (translated, with additions, by Dr. Hempel) many important items have been gleaned. From *Professor Raue's* Pathology and Therapeutics we have taken some valuable indications. Some interesting matter has also been derived from American Hom. Periodical Literature—neither of these three sources having been accessible to Berjeau in preparing the work; and while we have thus sought in all directions for whatever would tend to enhance the practical utility of the present edition, or to confirm the treatment recommended, due credit has been given in every instance. And in regard to what we have ourselves advised, it is proper to state, that the conclusions we have reached on the subjects contained in the present work, and the corresponding suggestions which it offers, are the results of twenty years' experience in our own practice, and of a still larger observation of that of others.

J. H. P. FROST, M. D.

BETHLEHEM, PA., *July*, 1869.



## INTRODUCTION.

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SYPHILITIC diseases arise either directly or indirectly from an impure coition, and may be transmitted to other persons in a similar manner to the inoculation of the small-pox. After breaking out at first on the sexual organs, the disease is carried through the whole organism by means of the lymphatic system; this, at least, is RICORD's opinion, who holds that the disease (syphilis) is at first only local, although by Homœopaths it is held (and I believe justly) that the infection at once pervades the whole system, and being gradually matured, shows itself at first on the generative organs, and afterwards in the throat, (secondary syphilis,) the character of the ulcers being the same, and therefore is not to be treated by caustics and other repellent remedies. The true venereal disease develops itself at the spot where the infectious matter is first communicated to the organism; at this stage the disease yields readily to appropriate treatment. But if the parts round the ulcer become hard, the disease becomes more obstinate, and a *course* of medicine is requisite for its removal. Secondary syphilis, or that stage when other symptoms begin to show the action of the virus on the system, is still contagious, though in a remoter

degree, whilst the latter stages are non-contagious; hence the denominations of *primary* and *constitutional* syphilis, and the subdivision of the latter into *secondary* and *tertiary* syphilis.

**PRIMARY SYPHILIS.**—In the majority of cases, primary symptoms affect the mucous membrane of the genital organs, the anus, the mouth, and nipples. It may likewise occur, but accidentally, in the eye, nose, or in excoriated wounds, in consequence of the pus getting at these parts. Infection may likewise take place in dressing syphilitic ulcers, and may be communicated to the infant by the nursing mother, as by the infant to the wet-nurse. The infectious matter may also be transmitted by means of glasses, spoons, tobacco-pipes, surgical instruments, &c., which have been used by diseased persons, and not properly washed from the matter which may accidentally have adhered to them.

**CONSTITUTIONAL SYPHILIS.**—This form develops itself sooner or later after the appearance of the chancre; the first signs are cutaneous eruptions, accompanied with ulceration of the tonsils, and even by pains in the bones; the laryngeal and nasal membranes are later invaded. It is only, however, manifested in certain organs, or parts of organs, as the mucous membranes of the mouth, fauces, nose, rectum, and sexual organs, the skin and its appendages, the lymphatic system, the muscles and tendons, the brain and its membranes, the periosteum and bones, the iris, testicles and ovaries, and the liver. The eruptions are generally copper-colored and rounded. The disease seldom affects more than one organ at once,



but gradually develops itself, according to RICORD, in two successive periods, termed *secondary* and *tertiary* syphilis — the two forms sometimes co-existing at the same period.

SECONDARY SYPHILIS manifests itself by a feverish reaction, termed *syphilitic eruptive fever*; the mucous membranes are first invaded by the specific inflammation, succeeded by morbid growths and indurations, and alterations of structure; the mouth, fauces, and adjoining parts are attacked before the mucous membrane of the genital organs; afterwards cutaneous eruptions, termed “syphilides,” supervene, and finally syphilitic iritis. The first sign of secondary syphilis is a feeling of malaise throughout the body: afterwards the patient experiences violent headache, heaviness, and tearing in the shoulders, forearms, small of the back, legs, and knees, excessive languor, restlessness, sleeplessness, thirst, constipation, and hot, slightly moist skin. The glands of the neck begin to swell, the cicatrices of the primary ulcers become darker, sensitive, swell, and grow larger and harder.

TERTIARY SYPHILIS differs from secondary syphilis in *this*, that it is no longer transmissible to the fœtus and is no more contagious; the older the disease is, and the longer it lasts, the more it becomes divested of its *specific* character, and takes the form of a dyscrasia, simulating the scrofulous diathesis. It is always preceded by the two former stages, and shows itself not sooner than six months after the disappearance of the chancre; sometimes it breaks out ten or twenty years after the

first infection ; tertiary symptoms affect particularly the subcutaneous and submucous cellular tissue, the fibrous, osseous, and cartilaginous tissues, and, lastly, the nerves, parenchymatous (fleshy) organs, and, in short, the whole organism.

HYGIENE. — Highly-seasoned food, tea, coffee, spices, wine, malt and spirituous liquors, not only *antidoting* the effects of the attenuated remedies, but by their almost immediate *injurious* action on the urinary organs, should be avoided with the utmost care. Fat, heavy, indigestible food is likewise to be rejected. Besides rest of *mind*, which is essential, *complete rest of body* will be found most advantageous in most cases, and the patient should be kept in a rather elevated temperature. His habitual beverage should be water, toast-, barley-, or rice-water, and cocoa. He should be careful also not to expose the sexual parts to cold or damp, to avoid all violent exertion, and even all bodily exercise in the inflammatory stage of the disease.

SELECTION OF THE MEDICINES. — It will *always* be advisable, particularly when the disease is complicated, to *write down on paper* the symptoms as enumerated by the patient himself, or revealed to the practitioner by the pathological signs of the morbid alteration. When *every* particular is ascertained, and *not till then*, should reference be made to the therapeutical indications for the remedy, and especially to the alphabetic repertory given at the end of most of the varieties. With a little trouble, the remedy which occurs the most frequently in the collation of the symptoms will be found the suitable

one, and is to be given according to the urgency of the case, in the manner described below, unless otherwise specially directed. It will be especially advisable to note the state of the patient's *disposition* at that time, as *that* exercises a most important influence in the selection. For instance, should a case of chancre, for which *MERCURIUS* appears the most suitable, be accompanied with great depression and tendency to suicide, *AURUM* would be the appropriate medicine; other intermediate ones are also occasionally required, as *VERATRUM* for religious melancholy, *PULSATILLA* for a weeping mood, *COFFEA* for a nervous state, *BRYONIA*, or *NUX* for irritable persons; *these, however, are not curative to the syphilitic affection*, but only remove certain abnormal symptoms which are apt to retard the cure. Those medicines which are *curative* in syphilis will be found to be especially noticed in the indications for that disease.

**DOSES.**—A new dose is never to be given so long as a good action continues, and particularly when low attenuations are given, it being necessary to watch the effect of the medicine, and to change it, if improvement does not speedily follow the first few doses.

[*BERJEAU*, the author of this book, gave after each medicine, in every form of disease treated herein, precise directions as to the size and repetition of the dose. These repeated dose-directions it has been thought best to omit; since it is evident that practitioners will become far more successful in treating their patients if they accustom themselves to the exercise of a sound

judgment in the application of the best principles to each individual case.

Still, it is but just to the author to indicate, once for all, his particular method. He advised, altogether, the lower preparations; usually *five drops* of the *mother tincture* of plants, or *five grains* of the *second decimal* (or centesimal) trituration of minerals; or five drops of the first, second, third, fourth, fifth, or sixth dilution, to be given for a single dose. This dose he usually advised to be dissolved in a wine-glass of water, and repeated once an hour; once in three or four hours; or three or four times a day, according to circumstances. In other respects he avoids all empiricism; and seeks to cure his patients by administering the remedy homœopathically suited to the actual condition.

Every experienced physician will of course continue the system of medication, as to potency and repetition of dose, which he has found most advantageous. But, having thus indicated the method pursued by our author, as well in justice to himself as for the consideration of less experienced practitioners, we subjoin also our own views, and those adopted by others, whose abilities\* and successful experience entitle them to respect.

Pure homœopathy points out the best way (it may be a "narrow way,"—for there is no "broad" or "royal road" in the art of medicine, any more than in the science of knowledge) *to heal the sick*. The method of finding *specifics for special diseases* (the "philosopher's stone" of doctors) is just plausible enough to be fallacious, and just apparently successful enough to prove a delusion and a snare. The venereal disease, gonorrhœa



especially, has long been regarded as the *opprobrium medicorum*; very much like "fever and ague." But the result of allopathic modes of medication — *i. e.*, massive doses empirically prescribed — has thus far been, if possible, less satisfactory in the former kind of disorder than in the latter.

*Chronic cases of venereal disease*, like chronic cases of intermittent, *we think may be best cured by rare doses of the higher Homœopathic preparations*.\* If there is any exception to this, it arises from the apparent necessity of antidoting, with lower forms of the appropriate medicines, the *mercurial poisons* which may be still actually present in the system even in massive quantities; while chronic cases of mercurial and mercurio-syphilitic disease have been found to yield to the higher and highest potencies of Mercurius itself. But even in these chronic cases, especially of syphilitic disease, very many, perhaps the great majority, of our physicians have more confidence in the lower Homœopathic preparations.

*Recent cases of venereal disease*, both gonorrhœal and syphilitic, may also be cured — have been very promptly cured — by the higher and highest potencies. But to make such cures requires a more profound mastery of the *Materia Medica*, a greater amount of experience, and a more absolute control of the patient's confidence than many, especially the junior, members of the profession can command. Few, indeed, ever attempt it.

The comparative failure to cure venereal disease, like

\* Numerous cases of such cures may be found recorded in the periodical literature of our school. See *Am. Hom. Review*, Vol. III. p. 211.

that of intermittent, has not therefore resulted from using too little medicine. *The real cause of ill-success, in the one case as in the other, is to be found in prescribing for the disease rather than for the patient.* Let the remedy be carefully adapted to the particular symptoms and constitution of the individual patient, and we believe he can be as readily and as speedily cured in venereal as in other forms of disease; and that too without his system being salivated by mercury, or sickened by copaiba.

The ordinary low Homœopathic preparations, such as the third dilution of the plants, and the sixth of minerals, may answer very well in *recent cases* of GONORRHEA. Of these the dose need not be larger, or oftener repeated than is customary for inflammatory affections of a corresponding grade. Some physicians may prefer to administer the larger, *five-drop*, doses advised by Berjeau.

In *recent cases* of SYPHILIS, we think the great majority of experienced physicians prefer to depend on the first or second centesimal (or even decimal) triturations, in doses of one or two grains, repeated two, three, or four times a day. Some more precise indications, in this respect, will appear in the subsequent pages,—such as may be gleaned from the particular prescriptions of individual physicians.

As to the *repetition of the dose*, and to the change of medicine, “a new dose is never to be given as long as a good action continues.” But, the medicine being carefully chosen, suited to the existing state as exactly as possible, be sure and not change it for another, except under one of the three following conditions:

I. When no further improvement can be seen to accompany or to follow its use.

II. When some new forms of the disease appear, — some of the old symptoms being removed, or others arising into greater prominence, — which render the whole case different, and the original remedy no longer Homœopathic to it.

III. When satisfied that the remedy itself was not, even in the first instance, Homœopathic to the case.

In either of these contingencies a new prescription should be made to suit the existing condition.

Finally, a single word may be given on the vexed question of *alternation*. As a matter of fact, it must be acknowledged that the greater number of Homœopathic physicians do alternate. As a matter of principle, it is, we think, pretty generally acknowledged, even by those who practise it, that alternation is not to be defended. To this there may be some exceptions; of these exceptions, and of the reasons for them, an ably written statement may be found in the June number of the Hahnemannian Monthly, 1867.\* But we are thoroughly satisfied, that, in most of venereal as of other kinds of disease, the physician will much more rapidly and thoroughly cure his patients, if he will give them but one remedy at a time; and it is obvious that he will in this way acquire a much more complete knowledge of what can be done with each single drug. He who practises in this way will soon learn how to give his doses so as not to aggravate his patient's symptoms, that is, not to make them too large or to repeat them too often. The law of the

\* Report on Alternation. By Dr. Wm. E. Payne. Hah. Monthly, Vol. II. p. 781.

single remedy proves an excellent "schoolmaster" to those who will faithfully follow it. What is here said, however, is not intended to apply to the careful administration of an *intercurrent* (*anti-psoric*) remedy, as afterwards recommended; a method which, so far from contradicting Homœopathic principles, seems to be in strict accordance with them.]

# SYPHILIS, GONORRHŒA,

AND

## THEIR CONCOMITANTS.

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### GONORRHŒA.

THIS is a violent inflammation of the mucous membrane of the urethra, with purulent discharge. It manifests itself from two to seven days after an impure connection, when the patient experiences at the end of the penis a peculiar itching, which increases to a real pain during erection: the pain is also greatly aggravated by urinating, and sometimes becomes intolerable as the disease progresses. Two or three days after the first symptoms the orifice of the urethra becomes red, swollen, and moist; tensive and drawing pain invades the spermatic cord, the testes, and inguinal region; the patient experiences a burning pain after micturition, which increases daily, as well as the swelling and redness of the urethra; and the discharge, at first inconsiderable, clear, and viscid, causes the sides of the orifice to adhere, and stains the linen. The glans becomes hot, red, swollen, and painful, whilst frequent erections at night produce distressing pain and disturb the sleep. After a week

the discharge is much increased, becomes thicker, of a yellowish-white color, whilst the pain during urination and during erection is extremely violent, and extends the whole length of the penis. With the inflammation the urethra becomes contracted, and the stream of urine is divided. This second stage continues for another week or fortnight.

When the inflammatory symptoms begin to decline, the emission of urine and the erections become less painful, and occasionally altogether painless, yet nevertheless the discharge continues, but changes to a whitish, viscid, stringy secretion.

If these last symptoms remain unaltered for a while, the disease is called GLEET, or secondary gonorrhœa.

Numerous causes besides impure coition give rise to a gonorrhœal discharge, running the same course as venereal gonorrhœa. Such are the use of new wine, unfermented beer, the exposure of the parts to a cold wind whilst urinating, mechanical and chemical lesions, natural predisposition, constitutional debility, scrofulous diathesis, gout and cutaneous eruptions, and last, not least, from the presence of leucorrhœa (the whites) in the female; gonorrhœa taking its origin in non-syphilitic causes being frequently more intractable than the true one.

TREATMENT.—“This disease sometimes proves very intractable, even in homœopathic practice; but if the treatment is commenced sufficiently early, it terminates much less frequently in the secondary form of the malady, and the other serious consequences detailed, than it does in allopathic practice.” \*

\* Laurie, “Elements of Homœopathic Practice of Physic,” 2d edit., p. 468

The first and important rule is to *avoid entirely* the use of injections, which have a tendency to *suppress* the discharge, and to give rise to SWELLED TESTICLE and other serious complaints. A strict abstemious diet must be enforced, and the patient should remain at home, and recline in a horizontal position.

When, however, that is impossible, the use of a suspensory bandage becomes absolutely necessary. Strict attention to cleanliness should not be neglected, the employment of warm water often giving striking relief, besides being useful in loosening the linen, which frequently adheres to the part, and which always should be removed before urinating.

PROPHYLACTIC TREATMENT.—Well washing the parts with a solution of soap, (or covering them before connection with oil,) and voiding urine immediately after a suspicious intercourse has taken place, will prevent the syphilitic virus from adhering to the mucous membrane, and giving rise to an infection. Should, however, these precautions not be taken, the use of medicines will generally prevent, or greatly lessen any mischief that might ensue.

Should, however, the presence of leucorrhœa in the female be suspected, Tincture of SULPHUR is to be substituted for the mercurial preparation. It is also to be noticed that an abstinence from beer or spirits for a few days, and the plentiful use of demulcent drinks, as linseed tea, gum-water and barley-water, with cold water *ad libitum*, (if the others are not easily procurable,) to dilute the urine, may prevent a great deal of unnecessary suffering. Should, however, the fever and inflammation set in severely, animal food must be totally ab-



stained from, and the patient subsist on demulcent drinks and slops.

[We add here the treatment recommended by different physicians. Jahr\* advises *Sepia*,<sup>30</sup> dry, morning and evening, when the patient complains only of titillation at the orifice of the urethra, with slight redness and a scarcely perceptible secretion, barely sufficient to close the orifice by agglutination. In this way he frequently effects a speedy cure, without any inflammation supervening. In the same circumstances, Grauvogl as strongly recommends *Natrum sulph.* in the first or incipient stage. But, to return to Jahr's method, if the patient has the secretion already quite copious; or if the inflammatory period is already more or less advanced; or if *Sepia* has failed to diminish the incipient symptoms and cut short the disease, Jahr advises *Cannabis*<sup>3</sup> dry, night and morning, "without paying any attention to consensual symptoms;" and says that "perseverance in this remedy two, or at most three, weeks will suffice to radically cure every case of gonorrhœa, provided the patient keep a very strict diet and his case is not complicated with any syphilitic taint."

If the patient presents himself after the inflammation has subsided, with a continual painless more or less profuse discharge, he gives the *Cannabis* where it has not been used previously; if the case, nearly cured by *Cannabis*, becomes aggravated by errors of diet, he restores the normal condition of things by means of a few doses of *Cannabis*. If *Cannabis*, in either of these two cases,

\* Jahr's Venereal Diseases. Translated by Dr. C. J. Hempel, New York, 186f.



prove of no avail, he gives half-grain doses of the second trituration of *Mercurius vivus* once in three or four days.

As showing the contrast of modes of treating this disease, we subjoin Dr. Wm. H. Holcombe's "Usual Treatment of Acute Gonorrhœa."\* "Put one or two drops of *Copaiba* into an ounce of alcohol, succuss thoroughly, and give ten drops three times a day. Inject every six hours a small glass syringe of the following solution: *Acetate of lead*, four grains; *Acetate of morphine*, four grains; water, four ounces. Enjoin rest and low diet for one week."

In cases where a few, scarcely perceptible drops are still secreted, (*gleet*,) which are quite unmanageable and resist all treatment, Jahr advises *Sepia*, *Sulphur*, or *Pulsatilla*; or if the secretion is of a milky whiteness, *Capsicum* and *Ferrum*. In some cases, he says, *Tussilago* and *Natrum mur.* have rendered excellent service.

It is well known that, while many cases of gonorrhœa are readily cured, (some patients even curing themselves by mild remedies and gently astringent injections,) numerous others have proved so intractable as to wear out the patience of the sufferer, and exhaust in vain the skill of able and eminent physicians. In the greater number of such cases, the failure must be attributed to the presence of *psoric* (or it may be even an unsuspected *syphilitic* or *sycotic*) miasm in the system. Which miasm the physician fails to antidote by his direct method of *treating the gonorrhœa* or *gleet*; that is, of prescribing for the *disease* instead of for the *patient himself*! By this latter and only true, Homœopathic, and really curative method,

\* U. S. Med. and Surg. Journal, Vol. I. p 231. April, 1866.

the physician will discover the evidences or symptoms which represent the latent miasm, and thus adapting his prescription to the actual *conditions*, or interior pathological state which they indicate, will often effect cures which to the uninitiated seem like magic. It is thus that we have seen a single dose of *Sulphur*<sup>30</sup> remove in a few days, and forever, a gleety discharge which had resisted all other treatment for months.

But, to return to the treatment of recent and fully established cases of gonorrhœa, with Berjeau's advice to use *Aconite* at first, to remove the severe inflammation, we entirely coincide. Then *Cannabis*, *Cantharis*, *Argenti nitrates*, or whatever other remedy corresponds most nearly to all the symptoms of the patient, should be given. The selected remedy is variously given in five-drop doses of the mother tincture, (especially *Cannabis*, by Berjeau almost despised, of which Dr. Hempel \* advises from five to thirty drops a day; Dr. Yeldam,† "five to ten, or even fifteen drops of the mother tincture, three or four times a day;" and of which Rückert ‡ says, "large doses are preferable in gonorrhœa,") or in five-drop doses of any one of the first six dilutions, repeated three or four times a day; or in doses of the pellets, either dry or in solution, *according to the severity and intensity of the symptoms, the susceptibility of the patient, and the judgment of the attending physician.*

In our opinion, the ordinary doses of the third and sixth potencies, repeated once in three or four hours, or once or twice a day only, according to circumstances,

\* Jahr's Venereal Diseases, p. 65.

† Marcy and Hunt, Practice, II. p. 37.

‡ Therapeutics, p. 195.

are abundantly capable of curing persons suffering with acute gonorrhœa; provided they keep perfectly quiet, and observe a strict regimen in all respects. And to the too common plan of attempting to make the *quantity of medicine* compensate as well for want of scientific accuracy on the part of the physician, as for neglect of the necessary regimen on the part of the patient, must often be attributed the disappointment which not unfrequently occurs to both. The *Cannabis* may sometimes prove an exception, and act more promptly and favorably in the mother tincture.

But in most cases of gonorrhœa, even in the first instance, it will be well for the physician to consider with the utmost care what kind, if any, of psoric or other miasm may be latent in his patient's system, and administer an occasional intercurrent dose of *Sulphur*, *Sepia*, *Nat. mur.*, *Merc.*, *Thuja*,\* or whatever other anti-psoric, anti-miasmatic, anti-syphilitic, or anti-sycotic, he may think required by the subjective symptoms, present condition, and previous history. *Nat. mur.*, for instance, will often be needed, and prove curative in recent as in chronic cases, where the patient has been exposed or subject to intermittents. According to Jahr, however, "it is only where intense inflammations threaten dangerous results, such as gangrene, where *Arsenic* would have to be used, that intercurrent remedies become necessary."

The indications given here for the various remedies are unavoidably scanty and meagre; they must be regarded only as hints towards their thorough study in

\* On the great importance of *Thuja*, for example, as an intercurrent remedy, consult *Am. Hom. Review*, Vol. III. p. 117.

the *Materia Medica* itself. And the more closely the practitioner assimilates his prescription to the *actual* condition of the individual patient, so much the more rapidly and perfectly will he cure him.]

**Aconite.** This remedy is always to be employed as soon as the first symptoms arise, and is to be very frequently repeated, being extremely efficacious in conjunction with *CANNABIS* and *PETROSELINUM* in allaying the inflammation and subduing the discharge.

**Cannabis.** Dr. Curie states that this remedy is only useful in the premonitory stage, when the discharge is thin, and not partaking of the purulent character, and also at the termination of the complaint when the secretion has lost its distinctive features. *In gonorrhœa proper it is perfectly useless.\** Dr. Hempel gives the following indications: Discharge of pus from the urethra; ulcerative soreness of the urethra when touching it; difficulty of urinating, with constant urging; sensation of tearing in the fibres of the urethra; the urethra feels as if drawn up into knots. The glans may be sore, swollen, and inflamed. These symptoms may be accompanied with symptoms of vascular excitement, rush of blood to the head, frontal headache, &c.

[The German Homœopathic physician, Müller,† finds this remedy useful only in strong doses, the first or mother tincture; and declares its value in gonorrhœa

[\* This opinion of Berjeau I prefer to let stand as he left it; the reader can compare it with the opinions and advice of other physicians as here given.—F.]

† U. S. Med. and Surg. Journal, Vol. I. p. 160.

to be uncertain and trifling,—in which Dr. Holcombe agrees. In my own experience, and in that of other physicians of my acquaintance, this remedy has proved very valuable, —not when prescribed by rote, but when homœopathically indicated, which it so often is, that Jahr came to regard it as almost a specific in gonorrhœa. But we have no such *general specifics*; what answers in one country or person, may not in another.]

**Argenti Nitras.** This valuable remedy in *purulent* inflammations is indicated when the emission of urine is accompanied by *burning*, and sensation as if the urethra were closed, the last portion of urine remaining behind; with dragging pain and feeling of soreness in the urethra, cutting pain extending to the anus, hæmorrhage, and discharge of pus from the urethra, and painful sensitive erections. Also, when severe inflammatory symptoms are present, with priapism, chordee, swelling of the penis, great febrile irritation, and sensation as if the urethra were drawn into knots.

**Petroselinum** is very efficacious when there is tingling and pressure at the root of the penis, especially early in the morning whilst in bed, abating when standing or sitting, a milky fluid being secreted which can be pressed out, afterwards changing to a yellow glutinous matter.

[Drs. Müller and Holcombe pronounce this remedy worthless in gonorrhœa. It has disappointed many others who have used it.\*]

\* U. S. Med. and Surg. Journal, Vol. I. p. 167.

**Mercurius corrosivus.** When the orifice of the urethra is inflamed, and the fore part swollen with supuration between the glans and prepuce; the glans being red, hot, and painful when touched, accompanied with burning pain, and itching, stinging, and throbbing in the urethra, the urine passing with a feeble stream; the discharge is *greenish*, often painless, especially at night.

**Sulphur.** When the patient is of a scrofulous constitution, or when other remedies apparently well selected do not appear to exercise any beneficial influence on the complaint, this remedy will be generally found very efficacious. Its more especial indications are, when, in addition to the discharge, there are burning pains near the orifice of the urethra, which is red and inflamed, with constant urging to urinate, accompanied with tearing and stinging, the stream of urine being thin and divided; there is at times itching in the middle of the urethra, with stitches and cutting pains during stool.

**Hep. sulph.; Silicea.** These two remedies are very frequently useful in discharges of white, yellowish, or discolored pus, attended with a fetid smell, particularly when occasioned by scrofulous leucorrhœa.

**Agnus castus.** When the inflammatory symptoms have subsided, but a yellow purulent discharge remains, and there is absence of sexual desire and want of erection, AGNUS will render efficient service.

**Cantharis.** This medicine, although principally used in secondary gonorrhœa, when the discharge again increases, is frequently required in primary cases, particularly should the inflammation threaten to extend to the

bladder. *Burning pains of excoriation*, with yellow or sanguineous discharge, which stains the linen, and great difficulty and pain in making water, especially point to this remedy.

**Capsicum.** Pricking, burning, cutting pains, with sensation of warmth in the urethra, excessive sensibility of the parts to contact, and thick, purulent, yellow discharge, indicate CAPSICUM.

**Cocculus** is useful when there is tensive aching pain in the orifice of the urethra, when not urinating.

**Copaiba.** This well-known remedy should be taken when the discharge is purulent, with a painful soreness, and continual smarting, itching pain, with swelling of the urethra. A very characteristic indication for COPAIBA is a violet smell of the urine; or when the discharge is accompanied by a cutaneous eruption like measles or nettle-rash attended with great itching.

**Cubebæ** is useful when the discharge is dark and reddish as if mixed with blood, the urine having a violet odor.

**Mezereum.** The discharge in this case is watery mucus, increased by exercise, and the pain stinging and titillating, through the whole course of the urethra, extending to the perinæum, with painful soreness of the urethra when touched.

**Millefolium.** In severe cases with swelling of the penis, and discharge of blood and watery slime, this remedy (or in alternation with CANTHARIS) is indispensable.

**Nux vomica.** Pressive pains occurring at the orifice of the urethra when not urinating, accompanied with shuddering, and sharp pains as of a cutting instrument



near the orifice of the passage, the bladder, the perinæum, or anus as from flatulence, with discharge of mucus, and often accompanied with hæmorrhoidal affections.

**Pulsatilla.** *Suppressed* gonorrhœa, with swelling of the testicles, contraction of the passage, and discharge of dark-colored blood, with tendency to inflammation of the eyes, particularly in mild-disposed persons, with light hair.

[**Tussilago petasites.** — *Butterbur, Pestilent-wort.* — First recommended in gonorrhœa by C. H. Rosenberg.\* “The remedy, considered by the people of Baden as infallible against gonorrhœa, was nothing more than the water containing the plant in a macerated condition.” Dr. Rosenberg gave about one teaspoonful of the water for a dose, morning and evening; and cured twenty-six cases with it in from two to four weeks’ treatment. The active properties of this plant may not be entirely taken up by alcohol; water alone dissolving some of the mucilaginous and other elements common to aquatic plants. From this may result the low esteem into which this once celebrated remedy is now fallen.

Indications: “Acute stage, fixed, stinging pain in the fossa navicularis; for persons of high living and irregular habits. Chronic stage, with inflammation of the eyes and swelling of the testicles, after suppressed discharge.” *Raue.*†]

**Thuja.** Required when the discharge is watery and copious, with drawing, cutting, burning, piercing pains,

\* Homœopathic Examiner, New Series, Vol. I. p. 251.

† Pathology and Therapeutics, p. 381.



especially when walking, and stitches in the urethra when not urinating.

**Colchicum** is very useful when, with scanty emission of dark albuminous urine, there is continual urging to urinate, and burning pains in the urethra; the urine depositing a whitish, or purulent flocculent sediment.

**Carbo veg.** is likely to prove useful, when there are violent *burning* pains in the urethra, and extremely offensive discharge.

#### GONORRHŒA. — SYMPTOMATIC INDICATIONS.

N. B. *The symptoms in this list belong to the URETHRA, unless specially noticed.*

Aching at the orifice, with shuddering	. <i>Nux vomica.</i>
with pressure, as from matter in the	
fore part . . . . .	. <i>Cannabis.</i>
Biting pains in the fore part . . . . .	. <i>Cann., Copaib., Arsenicum.</i>
Burning pains . . . . .	. <i>Bry., Canth., Con., Thuja.</i>
with itching before and after urinating	. <i>Apis mell., Copaiba.</i>
at the orifice . . . . .	. <i>Capsicum.</i>
with soreness of the prepuce . . . . .	. <i>Cinchona.</i>
in the middle of the passage when not	
urinating . . . . .	. <i>Staphysagria.</i>
during urination, with feeling of swell-	
ing . . . . .	. <i>Argent. nitras.</i>
and stitches (also on the glans and ex-	
ternal part of the prepuce) . . . . .	. <i>Cannabis.</i>
itching, and stitches in the fore part	
when not urinating . . . . .	. <i>Bryonia.</i>
Contraction of the passage . . . . .	. <i>Bry., Puls., Sulph.</i>
Contractive pains extending backwards . . . . .	. <i>Nux vomica.</i>
Drawing, stitches, and discharge of moisture . . . . .	. <i>Mezereum.</i>
Crawling, in the morning in bed . . . . .	. <i>Petroselinum.</i>
then aching . . . . .	. <i>Petroselinum.</i>
tickling and itching . . . . .	. <i>Cinchona.</i>

Crawling, when moving, especially in the evening	. . .	. <i>Thuja.</i>
Cutting, when not urinating	. . .	. <i>Capsicum.</i>
pains, continual	. . .	. <i>Cantharis.</i>
whilst passing the last drops of urine	. . .	. <i>Arg. nitr.</i>
and burning after urinating, with discharge of mucus.	. . .	. <i>Natri murias.</i>
before and after stool	. . .	. <i>Sulphur.</i>
and drawing whilst walking	. . .	. <i>Thuja.</i>
Drawing pain and tearing in the fore part	. . .	. <i>Bryonia.</i>
extending back to the anus.	. . .	. <i>Acid. phosph.</i>
and tearing from perinæum, through the whole urethra	. . .	. <i>Mezereum.</i>
and aching at the root of the penis	. . .	. <i>Petroselinum.</i>
Inflammation of the orifice	. . .	. <i>Merc., Sulph.</i>
with throbbing	. . .	. <i>Copaiba.</i>
and pain in entire course	. . .	. <i>Sabina, Cannabis.</i>
with violent pain, increased discharge, erections, and dysuria	. . .	. <i>Argent. nitr.</i>
Itching in the fore part of the urethra	. . .	. <i>Ign., Arn., Merc.</i>
almost agreeable	. . .	. <i>Cannabis.</i>
and stinging in the fore part	. . .	. <i>Cocculus.</i>
Pinching when not urinating	. . .	. <i>Veratrum.</i>
during urination	. . .	. <i>Argent. nitr.</i>
Soreness of the orifice	. . .	. <i>Copaiba.</i>
internal, continuing after urination	. . .	. <i>Arg. nitr.</i>
painful, at the orifice	. . .	. <i>Ac. nitricum.</i>
on pressure	. . .	. <i>Natr. mur., Mezer.</i>
Stitches, in the urethra	. . .	. <i>Apis., Arn., Cocc., Sulphur.</i>
painful at the orifice	. . .	. <i>Acid. phosph.</i>
in the fore part	. . .	. <i>Sulphur.</i>
when not urinating	. . .	. <i>Acid. phosph.</i>
ending in tearing pain	. . .	. <i>Ignatia.</i>
along the urethra when not urinating	. . .	. <i>Cannabis.</i>
from behind forwards	. . .	. <i>Thuja.</i>
back through the urethra	. . .	. <i>Mercurius.</i>
after frequent erections	. . .	. <i>Cannabis.</i>
entering the abdomen	. . .	. <i>Mercurius.</i>
whilst at stool	. . .	. <i>Scilla.</i>
dull, during movement, when not urinating	. . .	. <i>Belladonna.</i>
vehement, deep in the urethra, whilst walking	. . .	. <i>Ignatia.</i>
strong, when not urinating	. . .	. <i>Capsicum.</i>

Stitches, violent, extending its whole length	. <i>Conium.</i>
twitching, in the back part when standing	. . . . . <i>Cannabis.</i>
tearing in the fore part of the urethra	<i>Thuja.</i>
itching and tickling, in the fore part of the urethra	. . . . . <i>Cannabis.</i>
transient, with bleeding	. . . . . <i>Arg. nitras.</i>
Stinging, when not urinating	. . . . . <i>Acid phosph.</i>
as with a needle	. . . . . <i>Capsicum.</i>
occasionally dull	. . . . . <i>Mercurius.</i>
twitching and cutting, when not urinating	. . . . . <i>Thuja.</i>
changing after urinating into a cutting and biting	. . . . . <i>Petroselinum.</i>
corrosive, and burning	. . . . . <i>Cannabis.</i>
Swelling of the urethra	. . . . . <i>Rhus., Ac. nitric.</i>
with throbbing pain	. . . . . <i>Copaiba.</i>
with hard and knotty feeling	. . . . . <i>Arg. nitras.</i>
Tearing, or rending, in the fore part	. . . . . <i>Antim. tart.</i>
and drawing when not urinating	. . . . . <i>Bryonia.</i>
through the whole urethra to the perinæum	. . . . . <i>Mezereum.</i>
in a zigzac form, as if in the fibres of the urethra	. . . . . <i>Cannabis.</i>
and in the rectum, when not urinating	<i>Ruta.</i>
deep in the urethra	. . . . . <i>Arsenicum.</i>
with dull stitches	. . . . . <i>Aurum.</i>
and stinging, when not urinating	. . . . . <i>Sulphur.</i>
Throbbing pain	. . . . . <i>Copaiba, Merc., Hepar.</i>
in the region of the bladder	. . . . . <i>Cinchona.</i>
Twitching pain in the urethra	. . . . . <i>Thuja.</i>
as in the emission of semen	. . . . . <i>Petroleum.</i>

## CHARACTER OF THE DISCHARGE.

Discharge of bad-smelling moisture	. . . . . <i>Pulsatilla.</i>
bloody slime	. . . . . <i>Ac. nitr., Millefol.</i>
in drops	. . . . . <i>Pulsatilla.</i>
green, and painless during the night	<i>Mercurius.</i>
increased	. . . . . <i>Canth., Argent. nit.</i>
of milky moisture	. . . . . <i>Petroselinum.</i>
mucous, after a chill (milky whiteness)	. . . . . <i>Ferr., Capsicum.</i>
of pus	. . . . . <i>Copaiba.</i>

Discharge semen-like, with burning pain after	
urination . . . . .	. <i>Pulsatilla</i> .
slimy without pain . . . . .	. <i>Cann., Petroleum</i> .
thin, mucous, which leaves stiff spots	
on the linen . . . . .	. <i>Natri murias</i> .
thin at first, afterwards thick, with	
biting pain during urinating . . . . .	. <i>Mercurius</i> .
varnish-like . . . . .	. <i>Petroselinum</i> .
watery and slimy . . . . .	. <i>Cann., Thuja</i> .
white, acrid, muddy matter with	
mucus . . . . .	. <i>Sarsaparilla</i> .
yellowish, which stains the linen . . . . .	. <i>Canth., Agnus cast.</i>
yellow and thick . . . . .	. <i>Capsicum</i> .
fetid and discolored . . . . .	. <i>Silic., Carbo veg.</i>
of whitish or yellowish pus . . . . .	. <i>Hep. sulph., Calc.</i>

## GONORRHŒA OF THE FEMALE.

Besides leucorrhœa, which is generally a non-syphilitic disease, women are subject to gonorrhœal inflammation, which, owing to the large extent of mucous membrane of the parts, is generally accompanied with a much greater discharge. This discharge may proceed from the urethra (which, being very short and dilatable, does not produce such distressing effects as in men), the labia majora and minora, or from the vagina or uterus. In order to distinguish the nature of the discharge and the seat of the affection, the speculum is indispensable. If the inflammation has its seat in the *urethra*, it is revealed by itching pain, swelling of the orifice of the urethra, urging to urinate, with scalding pain during micturition, and sympathetic inflammation of the labia and vagina. Drops of pus are seen at the orifice of the urethra, the linen is stained with isolated opaque spots of a yellowish-green

color, which may be pressed out by introducing the finger into the vagina, and compressing the urethra from behind, forwards and upwards. If the *labia* are affected, the inflammation is the same as the balanorrhœa of the male, the internal labia constituting a thick, bluish-red, shining, disc-shaped swelling, and covered with erosions, whilst the labia majora are tense, darkish-red, and very prominent; the urine in its passage causing much pain, the introduction of the speculum being impossible. If the inflammation is great, the warmth of the bed becomes intolerable, febrile symptoms arise, and the patient is tormented by thirst and sleepless nights; a viscid purulent fluid, of a specific odor, is secreted, and often dries up in the hair of the pudendum, forming a thick crust, or else flowing down, excoriates the neighboring parts. Corrupt females seem to be more particularly predisposed to this kind of gonorrhœa.

VAGINITIS (inflammation of the vagina) is more frequently met with than the affection of the external parts, although it is commonly accompanied with blennorrhœa of the labia; when severe, the whole mucous membrane and the subjacent cellular tissue are involved, the heat in the vagina is intense, and the pain, increased by any exertion, frequently extending to the kidneys; the sexual desire is also more intense, and mucus or pus is discharged profusely. If the follicles of the vagina are principally invaded, a number of miliary granulations may be distinguished with the finger. The mucous membrane is redder than usual, partially denuded of its epithelium, and covered with small superficial ulcers. The discharge is frequently mixed with blood, has an acid reaction, and leaves yellow or yellowish green

stains on the linen. When the inflammation extends to the uterus, the disease becomes much more intractable. Then we have violent hæmorrhage, with great disturbance of the menstrual functions, and if the woman is pregnant, a tendency to miscarriage, or even degeneration of the fœtus; in severe cases, complete obliteration of the FALLOPIAN tubes and incurable sterility are produced. This disease can only be properly recognized by means of the speculum, which reveals the neck of the uterus, dry and red, and covered with whitish, thick, adhering mucus, secreted from the neighboring parts; the patient complains of heaviness and drawing in the pelvis and small of the back, and frequently experiences burning pains when sitting down. The parts around the mouth of the womb are covered with erosions, and the inflammation often spreads to the inner surface of the uterus, the Fallopian tubes, and ovaries, and even to the peritoneum.

TREATMENT.—The best remedies for URETHRITIS are *Cannabis* and *Thuja*; for VULVITIS, *Bryonia*, *Mercurius*, *Sabina*, and *Thuja*; for VAGINITIS, *Bellad.*, *Kreosot.*, *Lycop.*, *Mercurius*, *Nux vom.*, *Puls.*, and *Sabina*; for UTERITIS, *Ac. nitric.*, *Canth.*, *Ignat.*, *Phos.*, and *Platina*. The seat and extent of the disease being ascertained, the selection of one or several of the following medicines, either alone or in alternation, will be greatly facilitated by the comparison between the symptoms of this complaint and those of gonorrhœa of the male.

**Aconite** is always to be resorted to in cases attended with inflammatory symptoms, with great heat, and scalding in making water.

**Arsenicum** should be given when there is smarting,

gnawing discharge, causing soreness of the parts with which it comes in contact; when standing, the discharge drops down, accompanied with emission of flatulence; or when there is also great redness of the parts.

**Aurum** is useful for profuse discharge which excoriates the perinæum and inner parts of the thighs, with vesicular eruptions on the parts, or when labor-like pains are present.

**Belladonna** is required for discharge of white mucus from the vagina, with violent stitches in the pubic region and the inner parts, with violent dragging pains, as if everything would issue from the abdomen.

**Bryonia** is good when the discharge, which had previously much decreased, again increases, attended with swelling of the labia, and sometimes with black, hard pustules, which arise on the swollen parts.

**Calcis carb.** should be given for burning, milky discharge, attended with pressure on the vagina, and tubercles on the labia.

**Cannabis** should be preferred when there is cutting pain between the labia during micturition, the orifice of the urethra also being closed with pus, there being violent sexual desire, with swelling of the vagina.

**Cantharis** is to be prescribed when there is copious debilitating discharge, and pains in the kidneys, with distressing sensations in the pelvis, accompanied with a languid, sallow complexion, and depression of spirits. It is also useful in swelling of the neck of the womb, with burning and itching of the genital parts.

**Chamomilla** is more especially useful for yellow, smarting discharge from the vagina, or for acrid, smarting, watery discharge, with smarting burning, as if the parts were excoriated.



**Ignatia** is good for violent, cramp-like pressure on the uterus, followed by purulent corrosive discharge, with swelling of the clitoris, and weakness of the remainder of the genital organs, sometimes attended with uterine spasms.

**Kreosotum** is of great utility in bloody, salmon-colored, yellow, or yellowish-white discharges, having a foul odor, especially in the morning; or in acrid discharges, with itching of the parts, or jerking, smarting pain in the external parts, with weakness in the legs.

**Lycopodium** is of great service in copious bloody and milky discharge, with burning in the vagina.

**Mercurius** is of great service when there is discharge of flocks, pus, and mucus, or purulent discharge of a greenish color, which does not drop, causing a smarting in the anterior portions of the genital parts; or when there is corrosive discharge, with long-lasting itching of the labia, especially just before the menses, and swelling of the follicles of the labia, with pressing in the parts, causing the patient to void a quantity of urine. It is also good when the vagina is swollen and inflamed, with a feeling of rawness and soreness.

**Nux vomica** is very appropriate for painless discharge of yellow mucus from the vagina; or for fetid mucus, with burning in the parts, and violent sexual desire; or for gnawing, itching eruptions on the genitals, and swelling of the inner portion of the vagina, with burning pain, the slightest touch causing intolerable distress.

**Nitric acid** is invaluable in discharge of flesh-colored mucus, one-half of the vagina being swollen, with flat ulcers on the inner parts, apparently covered with pus, causing burning, itching pain.



**Phosphorus** is very useful in mucous or milky discharge, with stitches through the whole length of the vagina, and great aversion to sexual intercourse.

**Platina.** In mucous discharge, with pinching in the abdomen, followed by pressing downwards in the groins and discharge of blood, this remedy is very useful.

**Pulsatilla** is very efficient in painless discharge of thickish, milky mucus, which is especially perceptible on lying down, with burning, stinging pain and swelling of the labia, and cutting pains at the mouth of the uterus.

**Sabina** is to be given in discharge of blood and mucus, or yellow, ichorous, fetid secretion, which frequently recurs, with itching and stitches in the vagina.

**Sepia** is requisite when blood is discharged when walking, and with mucous discharge and itching of the genital organs.

**Sulphur.** Violent itching of the clitoris, and burning of the exterior parts, accompanied with vesication, attended with smarting, burning, thin discharge, especially in the morning.

**Thuja** is of importance when both labia swell and are covered with whitish ulcers, the discharge from the urethra being yellow or green mucus or pus, which stains the linen, and attended with smarting and itching, especially when urinating; walking produces stinging, itching, and smarting pain, with contractive and pressing pain in the genitals.

[In recent or chronic cases of gonorrhœa, characterized by *cauliflower excrescences*, or by *condylomata*, this remedy will be indispensable.]

**Zincum** should be preferred when there is a discharge of thick mucus, especially after stool, with constant pincn-

ing and yawning previous to the discharge. The sexual desire is also very excited, especially at night, but without lascivious dreams.

[In gonorrhœa of the female it is indispensably requisite that the patient entirely abstain from sexual intercourse, and observe the strictest diet, not only during treatment, but even for some time after the cure is apparently complete. Jahr says: "From a single cup of coffee, or from a single coit, I have seen the discharge return worse than ever, even after it was all but stopped." And this is amply confirmed by the experience of others. The greatest difficulty in curing the female patient, as in the male, consists in maintaining, in all respects, the necessarily rigid diet and regimen, — such as is involved in abstinence, from exposure to cold, sexual excitement, walking or other physical exertion, and from every variety of hearty food and stimulating drink. The best medical treatment, the most accurate prescriptions, will prove ineffectual, if the patient do not observe these strict rules; and the physician will be unfaithful alike to his patient and to himself, who does not impress them in all their importance upon the mind of the former. While, if the physician prescribe correctly, he may always take it for granted, when a relapse or aggravation of the disease occurs, that the cause for it (and without some particular cause it cannot occur) must be found in some transgression on the part of the patient. And it will be needful, by strictly interrogating the patient, to discover what this transgression has been, in order both to remedy its effects and to prevent its recurrence in future.

The medical treatment which may be required in the female suffering from gonorrhœa, is not very different from that indicated in the male; but the cure is often more readily effected. In the first stage of the *acute form*, *Aconite* will be needed; then *Cannabis*, or whatever other remedy is most strongly called for by the prevailing symptoms and conditions. Jahr says: "We depend upon *Cannabis* as our chief remedy in the treatment of simple acute gonorrhœa (in the female); this remedy will effect a cure, in most cases, in the space of two or three weeks, provided its use is persisted in and the patient abstains from all improper dietetic indulgences."

In the *chronic form*, or *gleet*, which greatly resembles ordinary leucorrhœa,\* *Sepia* will often be required. Where there is reason to suspect the presence of syphilitic virus in the system, *Mercurius*, or some other anti-syphilitic, will be necessary. If the patient has been mercurialized already, *Nitric acid* should receive particular attention; also *Phytolacca decandra*;—whatever anti-syphilitic and anti-mercurial best corresponds with the prevailing symptoms, should be carefully administered. The most remarkable characteristic indication for *Thuja*, *condylomata*, or *fig-warts*, on *vulva* or *anus*, Berjeau has omitted. In addition to the other remedies mentioned by him, the following should be considered: *Alumina*, *Causticum*, *Conium*, *Iodium*, *Lachesis*, *Sarsaparilla*. Compare also the remedies mentioned for gleet in the male.]

\* See an admirable resumé of Indications for Medicines in Leucorrhœa, by Dr. Guernsey; Hahnemannian Monthly, March and February, 1869, Vol. IV. p. 293.

## SYMPTOMATIC INDICATIONS.

Acrid discharge, with itching of the parts	<i>Kreosotum.</i>
smarting watery discharge from the vagina	<i>Chamomilla.</i>
Black, hard pustules on the labia	<i>Bryonia.</i>
Bloating of the abdomen, followed by contraction	<i>Belladonna.</i>
Burning and itching of the pudendum	<i>Cantharis.</i>
in the vagina, with copious bloody or milky discharge	<i>Lycopodium.</i>
stinging pain in the labia and vagina	<i>Pulsatilla</i>
Coolness of the body, with uterine spasms	<i>Ignatia.</i>
Cramp-like pressure in the uterus, followed by corrosive purulent discharge	<i>Ignatia.</i>
Cutting between the labia during micturition	<i>Cannabis.</i>
Cutting pain at the orifice of the womb in VAGINITIS	<i>Pulsatilla.</i>
Discharge of white mucus from the vagina	<i>Belladonna.</i>
increased, after having decreased	<i>Bryonia.</i>
causing smarting of the parts which it touches	<i>Cannabis.</i>
of blood, with sexual excitement	<i>Sabina.</i>
of pus, or flocks, with scalding	<i>Mercurius.</i>
acrid, fluid, corroding the parts	<i>Ars., Kreos., Aur.</i>
milky fluid	<i>Calc., Lyc., Phos., Pulsatilla.</i>
Dragging towards the sexual parts, with stitches in the pubis	<i>Belladonna.</i>
Fetid mucous discharge from the vagina	<i>Nux vomica.</i>
Gnawing, itching eruption on the pudendum	<i>Nux vomica.</i>
soreness on the left side of the pudendum	<i>Platina.</i>
Greenish discharge, with itching of the parts	<i>Nat. murias.</i>
Itching of the labia, with corroding discharge	<i>Mercurius.</i>
sexual organs	<i>Sabina, Sepia.</i>
vagina, with watery discharge	<i>Sepia.</i>
Milky discharge early in the morning	<i>Phosphorus.</i>
or opalescent discharge, with smarting	<i>Acid. sulph.</i>
Mucous discharge from the urethra and vagina	<i>Mezer., Thuja</i>
and bloody discharge from the vagina	<i>Sabina.</i>
Pale yellow nauseous discharge from the vagina	<i>Merc. corros.</i>
Painless discharge of yellow mucus from the vagina	<i>Nux vomica.</i>



*threading* between the fingers, staining the linen but slightly, and if neglected continuing for months, or even years, without any other bad symptom than that it sensibly weakens the constitution of the patient; at other times, however, it may produce stricture, or even affections of the prostate gland, bladder, or the kidneys. In particular cases, although the discharge may have ceased for weeks, it will reappear after connection, violent exercise, or excesses of the table. The cause of the complaint is either ulceration of the mucous membrane of the urethra, or erosion of the orifices of the ducts of the prostate gland or seminal vessels, or from debility of the membrane itself. In the former case, the discharge is either of pus, or mucus mixed with pus; in the latter cases, it is limpid, mucous, copious, persistent, and attended with a peculiarly nauseous smell.

Strict attention to diet, for a considerable time after every trace of the complaint has disappeared, is necessary, as even slight excesses have a tendency to cause a return of the abnormal symptoms; cleanliness also should be strictly observed.

TREATMENT. — When the disease is seated within a short distance of the orifice of the urethra, it is generally easily cured; but if the seat is in some gland of the urethral canal, or there is ulceration of the passage, or erosions of the seminal ducts, it is much more intractable, and in such cases considerable quantities of fluid should be taken, in order to dilute the urine, and prevent irritation of the part.

**Cannabis** is very useful when the discharge is thin and watery, of a greenish or yellow color, and disagreeable odor.

**Capsicum** is more required when the discharge is mucopurulent, with a tendency to spermatorrhœa, or when it has become yellow, or whitish and thick. White discharge, like cream.

**Ferrum.** This is a most important remedy in mucous gleet, arising from debility of the vessels after severe gonorrhœa. Painless discharge, like milk.

**Kali bichrom.** should be given when the discharge is stringy, or jelly-like, and rather profuse.

**Merc. corros.** This medicine is required when ulceration is suspected, and the secretion is purulent or bloody, of a greenish, yellowish, or whitish consistence.

[**Mez.** — *Gleet.* A drop of a gluey, albuminous liquid appears at times at the orifice of the urethra.]

**Acid nitric** is useful in similar symptoms, particularly when MERCURY has been previously employed without benefit.

**Nux vomica.** This remedy can be employed when the patient is subject to piles, and the discharge is principally clear mucus; it is of great service when the complaint has been aggravated by excess in diet, or the use of beer or strong drinks.

**Sepia.** In chronic, intractable cases, where the discharge is milky, or greenish, attended with pain in the back.

[As already stated, a few doses, or even a single dose, of the *appropriate antipsoric* may be made to cure the most inveterate case of gleet. According to Jahr, "Gleet is generally nothing more than a symptom of weakness of the mucous lining, which had been occasioned by this disorder," (Gonorrhœa.) But it seems



impossible to believe that this simple and apparently trifling difficulty can be all,—when for months, and even years, it bids defiance to mild treatment, to stimulating and tonic treatment, to all sorts of treatment in fact, save and except the minute doses of the true antipsoric which the particular constitution of the patient requires, and under the influence of which it is often seen to fade away, like dew before the sun.

In order to recover from this disorder, it may be necessary for the patient to abstain entirely from *malt liquors*, as well as from spirits. And it is believed that in some cases the habit of *smoking* suffices to keep up the irritation and consequent discharge. *This discharge, although so minute, when long established, becomes the outlet, or at least the representation, the coefficient, of all that is morbid in the system, or wrong in the person's habitual life. By aiming at the entire system of the patient, the physician will soon cure his gleet; but by directing his attention to the gleet alone, he will as surely not cure the one or the other!* VERBUM SAT.

*Ferrum*, *Phosph.*, and *Sulphur*, are all the remedies mentioned by Jahr in this connection. Each one of these is capable of curing many cases, for it will be indicated in many; but not in all.

C. Müller writes: "In chronic gonorrhœa, I have seen good results from NAT. MUR. This remedy is recommended especially after injections of *Nitrate of Silver*."

*Sepia* will often be called for. "*Sepia* and *Silicea* have frequently cured long-lasting gonorrhœal discharges."

*Cimicifuga racemosa* is said by Hale\* to cure old standing cases of gleet and spermatorrhœa.

\* *Materia Medica of New Remedies*,



*Gelseminum*; *Erigeron*; *Phytolacca dec.*; and *Podophyllin*, (the latter in females especially,) and others, have been recommended in gleet.

Rückert\* advises also *Cubebs*, and *Lycopodium*, in addition to other medicines.

From Raue† we glean also the four following remedies:—

*Agnes c.* Gleet: yellow purulent discharge, impotence.

*Fluoric acid.* Gleet: little discharge during the night, which makes a yellowish stain on the linen.

*Phosph. acid.* Gleet: every morning a few drops of a white discharge from the urethra, and in the evening discharge of prostatic juice.

*Phosph.* Gleet: every morning a drop of watery fluid at the orifice of the urethra, sticking its lips together. Compare *Mezereum*.

The indications for these and other remedies in this complaint, might be extended almost indefinitely; but we content ourselves with remarking, that, whatever medicine is indicated by the totality of the symptoms of the patient, by his dynamic, constitutional conditions, will prove curative. For not the discharge only, or indeed even principally, but all the accompanying affections and recent or *latent complications*, must be considered and provided for. This is what we mean by prescribing for the patient, and not for the gleet alone.]

**Sulphur** is very efficacious in this complaint, either in the mucous or purulent variety, and is to be employed when the previous remedies seemingly exert no beneficial

\* Therapeutics, p. 196.

† Pathology and Therapeutics, -. 380.

influence, or the patient is of an unhealthy, or scrofulous disposition.

**Thuja.** This remedy is useful in copious *watery* discharges from the urethra, and particularly when complicated with condylomata (warts).

[For other remedies and indications in gleet, see previous discussion of acute and *chronic* gonorrhœa.]

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### BALANORRHŒA, Balanitis.

This is an inflammatory disease, accompanied with purulent secretion from the surface of the glans, arising principally from gonorrhœal infection; however, some irritating and non-contagious cause may produce inflammation of this part, and even a purulent secretion from the follicular glands which surround the corona glandis. This disease frequently occurs in children. It is necessary, however, to observe, that the strong-smelling substance which is secreted and accumulates behind the glans, when the prepuce is not frequently retracted, is not to be confounded with balanorrhœa, as it can easily be cured by a little attention to cleanliness. Contagious balanorrhœa shows itself sometimes in a few hours, or in most cases from three to six days after impure connection.

**GENERAL SYMPTOMS.**—The first symptoms are a slight smarting or burning on the surface of the glans, which becomes hot, and of a bright rosy, or carmine color,

somewhat swollen, and sensitive to pressure or the friction of the clothes. The secretion of the follicular glands becomes purulent, thick, greenish or yellow, and is discharged on each side the frænum in large tenacious drops, which dry up, and cause the glans to adhere to the linen; inside the prepuce, its folds are filled with pus, forming, as it dries, small crusts of a dirty yellow color. The surface of the glans, and the skin of the prepuce itself, become covered with erosions, arising from the acrid nature of the secretion; these erosions form little flat ulcers, which sometimes remain unchanged for a fortnight, after which the cure proceeds rapidly, provided no violent incidental affections, as phimosis or paraphimosis, are induced by the extension and spreading of the ulcers.

**PROPHYLACTICS.**—The use of strong soap and water after sexual intercourse will speedily remove the pus, which has a tendency to attach itself firmly to the covering of the glans, and which water alone is unable to effect.

**DIET.**—The same diet is to be observed as in gonorrhœa.

**Acid nitric.** is indicated when small vesicles form at the orifice of the urethra, on the inner surface and margin of the prepuce; or when brown, painful spots, the size of a pea, arise on the glans or for flat little ulcers, which secrete a fetid matter and bleed when touched, accompanied with sharp stinging pains on the inner surface of the prepuce.

**Cannabis** is to be preferred when bright red spots spread all over the glans, which is of a deeper hue than

the prepuce itself, the back of the glans being red and damp, with itching at the frænum and under the prepuce, the penis being swollen, whilst there is constant burning of the glans and prepuce.

**Capsicum** is required when there is constant pressure and prickling in the glans, or when there is stinging and itching, as if the glans were bitten by fleas.

**Cinchona** must be given when there is burning in both glans and prepuce, with sensation of creeping in the urethra, and fine prickling near the frænum; or when there is itching of the glans, especially in bed, walking producing twitching in both glans and prepuce; or tearing pains are also felt in the left side of the prepuce, and in the left testicle.

**Cinnabaris** is necessary when, in addition to the burning, stinging, or itching of the glans, there is a secretion of pus, of a nauseous sweetish smell,—or for small red spots on the glans, with little red shining spots or easily bleeding warts on the prepuce.

**Mercurius** is more particularly indicated when there is inflammatory swelling of both glans and prepuce, with purulent secretion between the surfaces, and accompanied with voluptuous itching, tingling, tearing, and shooting in both; there is often an eruption of vesicles on the inner surface of the prepuce, which give rise to small ulcers, which itch and sting if pressed or rubbed; the urethra being red, hot, and very painful when pressed.

**Mezereum** should be administered when the secretion from the glans is very abundant, with tearing and burning lacerations, soreness and excoriation of the parts, and inflammatory redness of the prepuce.

**Nux vomica** is requisite when there is tickling, smarting, and itching of the glans and prepuce, which is retracted and excoriated, the secretion behind the glans being very copious, and the irritation being worse towards evening.

**Acidum phosphoricum** is useful when there is a feeling of heaviness, and shooting pains in the glans, with tingling, oozing vesicles round the frænum.

**Pulsatilla** can be given when the tickling and itching of the glans and prepuce become worse towards morning and evening, or when sitting, the irritation being sometimes accompanied with loss of prostatic fluid.

**Sabina.** When there is deep redness of the glans, with great sensibility of the prepuce, with swelling and tightness of the frænum, continual shootings in the glans, and burning soreness when touched.

**Sulphur** is required when there is icy coldness, and swelling, with redness of the glans, the prepuce being stiff and hard, attended with shooting pains, the secretion at the same time being very profuse.

**Thuja** is needful should there be swelling of the prepuce, with burning, itching, and feeling of soreness in the glans, which is covered with red spots or erosions, or small red, flat, unclean ulcers, with burning pain, or when there are violent stitches in the glans near the urethra.

#### SYMPTOMATIC INDICATIONS

Aching and prickling, constant, especially at	
night and morning . . . . .	<i>Capsicum.</i>
Biting . . . . .	<i>Nux vomica.</i>
and itching under the prepuce . . . . .	<i>Pulsatilla.</i>

Burning, with tickling, crawling, and aching	
in the urethra and anus	. <i>Cinchona.</i>
about the glans in the evening, when	
small vesicles appear on the inner	
surface of the prepuce, and break	
into minute ulcers	. <i>Mercurius.</i>
and itching at the back of the glans	. <i>Nux vomica.</i>
and feeling of soreness	. <i>Thuja.</i>
with sore pain, felt continually	. <i>Sabina</i>
and numerous stitches	. <i>Thuja.</i>
prickling, and itching at the end of	
the glans	. <i>Cinnabaris.</i>
cutting, with outward pressing pain	
in groin	. <i>Acid phosphoric.</i>
Coldness, icy, of both glans and prepuce	. <i>Sulphur.</i>
Contraction, and constrictive pain, at the back	
of the glans	. <i>Pulsatilla.</i>
and wild sensitive pains in left	
groin, suddenly darting through	
the whole urethra	. <i>Asarum.</i>
and spasmodic pain	. <i>Ignatia.</i>
Drawing and tearing at the corona glandis,	
with yellowish secretion	. <i>Mezereum.</i>
Heaviness, feeling of, during micturition	. <i>Acid phosphoric.</i>
Itching	. <i>Mezer., Sulphur.</i>
in the morning	. <i>Nux vomica.</i>
with biting	. <i>Ignatia.</i>
voluptuous, at the end of the glans	. <i>Spongia, Calc.</i>
at the fore part	. <i>Mercurius.</i>
and biting under the prepuce	. <i>Pulsatilla.</i>
with crawling on the corona glandis	. <i>Natr. murias.</i>
painful, in the furrow at the back of	
the glans	. <i>Cinnab.</i>
frequent	. <i>Acid nitric.</i>
Prickling	. <i>Thuja.</i>
on the side of the glans	. <i>Arsenicum.</i>
when pressed	. <i>Mercurius.</i>
violent, in the morning	. <i>Sabina.</i>
and fine itching	. <i>Caps., Acid phos.</i>
many fine itching stitches on the point	
of the glans	. <i>Helleb. niger.</i>
Redness, dark	. <i>Sabina.</i>
of both glans and prepuce	. <i>Cannab., Mercurius</i>
with moisture on the glans	. <i>Cannabis.</i>
Swelling, with moist eruption on the scrotum	. <i>Rhus tox.</i>
bluish-red, of the glans, with fis-	
sures	. <i>Arsenicum.</i>

Spots, red	. . . .	. <i>Thuja.</i>
bright red	. . . .	. <i>Cannabis.</i>
itching	. . . .	. <i>Arnica.</i>
petechial (like flea-bites)	. . . .	. <i>Bryonia.</i>
brown, and painful (size of lentils)	. . . .	. <i>Acid nitricum.</i>
Stitches, dull, tormenting	. . . .	. <i>Sulphur.</i>
stinging and itching	. . . .	. <i>Thuja.</i>
fine, through the glans	. . . .	. <i>Arsenicum.</i>
tearing and painful, at the fore part of the glans, drawing through the penis back into the anus, and ex- tending sometimes to the groin	. . . .	. <i>Mercurius.</i>
Tickling, with discharge of colorless mucus	. . . .	. <i>Pulsatilla.</i>
fleeting, and itching	. . . .	. <i>Colocynth.</i>
sensation between the prepuce and glans	. . . .	. <i>Thuja.</i>
in the fore part, like a flea-bite	. . . .	. <i>Belladonna.</i>
Twitching between the prepuce and glans when walking	. . . .	. <i>Cinchona.</i>
Vesicles, small, in the orifice of the urethra, or on the inner surface and margins of the glans, which break and form round ulcers, like chancres	. . . .	. <i>Acid nitricum.</i>
on the front and side of the glans, which ulcerate and extend on all sides, sinking deep in its substance; or small vesicles, which break, but heal rapidly	. . . .	. <i>Mercurius.</i>

## SYMPTOMS OF THE PREPUCE.

Burning, continuous, in entire prepuce and glans	. . . .	. <i>Cannabis.</i>
with vesicles appearing on the inner surface	. . . .	. <i>Mercurius.</i>
and corrosive prickling in the exter- nal parts	. . . .	. <i>Cannabis.</i>
itching, and prickling at the edge	. . . .	. <i>Bryonia.</i>
Coldness, icy, of both prepuce and glans	. . . .	. <i>Sulphur.</i>
Itching relieved by rubbing, but soon return- ing	. . . .	. <i>Aconitum.</i>
with moist spots on the inner surface	. . . .	. <i>Acid nitricum.</i>
voluptuous	. . . .	. <i>Euphrasia.</i>
on and within the prepuce	. . . .	. <i>Mercurius.</i>
painful, on the inner surface	. . . .	. <i>Cannabis.</i>
disagreeable, on the right side and edge	. . . .	. <i>Cannabis.</i>



- Itching under the prepuce and at the frænum . *Cannabis*.  
 with swelling and redness, and also of  
 the scrotum . . . . . *Rhus tox*.  
 and biting on the inner surface, espe-  
 cially towards the evening . . . *Nux vomica*.  
 at the inner and upper part . . . *Pulsatilla*.
- Prickling and itching under the prepuce . *Pulsatilla*.  
 whilst sitting or lying . . . *Pulsatilla*.  
 on the inner half . . . . . *Rhus tox*.  
 itching at the edge . . . . . *Chamomilla*.  
 frænum . . . . . *Mercurius*.
- Redness, the entire surface is dark red, hot,  
 and inflamed . . . . . *Cannabis*.  
 with burning pains . . . . . *Mercurius*.  
 with thickening . . . . . *Sulphur*.  
 itching and swelling of both scrotum  
 and prepuce . . . . . *Rhus tox*.  
 and painful sensibility of the inner  
 surface . . . . . *Mercurius*.  
 and swelling at its junction with the  
 glans . . . . . *Rhus tox*.  
 of both prepuce and frænum . . *Sabin., Cannabis*.  
 of the right and lower side . . . *Cann., Cham., Cin-  
 chona, Verat.*
- Soreness of the edges, especially towards even-  
 ing . . . . . *Nux vomica*.  
 and ulcerative pains, with itching at  
 the edges . . . . . *Ignatia*.  
 as from distention at the extremity . *Ignatia*.
- Stitches . . . . . *Manganes*.  
 sensitive, in the inner side . . . *Thuja*.  
 in the extremity . . . . . *Cocculus*.  
 short . . . . . *Acid nitric*.  
 stinging and burning on the external  
 surface . . . . . *Cannabis*  
 when retracted . . . . . *Hepar sulph*.  
 in the region of the frænum . . . *Hepar sulph*.  
 Tickling . . . . . *Thuja, Calc*.
- itching, and biting, alternating with  
 transient stinging at the anus . . *Thuja*.  
 itching, and biting at the back of the  
 glans and frænum . . . . . *Acid phos., Merc*.
- Rending pains on the left side and in the left  
 testicle when in bed . . . . . *Cinchona*.
- Vesicles, which become moist and itch . *Acid phosphoric*.  
 when handled *Acid phosphoric*.

## GONORRHŒAL ACCESSORY AFFECTIONS.

**S**OME accessory affections in direct relation with the gonorrhœal discharge may accompany it as well as Balanorrhœa: they are either caused by the disease or induced by some accidental circumstance. The most frequent are, painful erections, satyriasis and priapism, chordee, hæmorrhage from the urethra, inflammation of Cowper's glands, prostatitis, dysuria.

**ERECTIONS** are present in almost every case of gonorrhœa, are extremely painful, and always aggravate the inflammatory condition. The pain is always more severe in the first instance than in those who have been several times affected with the disease.

**PROPHYLACTIC TREATMENT.**—Absolute avoidance of all lascivious and moral excitement, abstinence from meat, eggs, or cheese, eating little or no supper, voiding the urine frequently, even at night, will frequently prevent or greatly ameliorate this distressing affection.

**TREATMENT.**—The best remedies are **CANTHARIS** and **CAPSICUM**, although due regard must be had to the totality of the symptoms, for which reference should be made to the symptomatic indications for gonorrhœa.

**Capsicum** is more especially indicated when there is violent erection constantly recurring through the day, without amorous thoughts, and only relieved by the use of cold water.

**Cantharis** is more useful in very painful erections, with discharge of blood and pus, with or without great sexual desire.

**SATYRIASIS AND PRIAPISM.** — The first disease, which is generally preceded by more or less sexual excitement, consists of an insatiable desire for connection, attended with permanent erection; lascivious images are constantly present to the imagination, even in sleep; there is acute fever with glistening eyes, intense thirst, and foaming at the mouth; raving lascivious madness supervenes, and if the disease is not checked, the organs become inflamed, gangrene rapidly sets in, and death ensues. Priapism is a much less severe form than the preceding, and frequently occurs during the course of gonorrhœa.

**TREATMENT.**—In addition to mental treatment, the use of cold baths, cooling drinks, total abstinence from *animal* food, and sleeping at night on a hard mattress, are necessary.

The following indications for the most important medicines in these complaints are here given, merely premising, that due regard must be paid to the totality of the symptoms in each particular case.

**Cantharis.** Frantic sexual desire, with priapism and excessive pain.

**Digitalis.** Sexual excitement, with frequent and painful erections night and day.

**Moschus.** Violent sexual desire; also with nausea and vomiting after an embrace.

**CHORDEE.** — Sometimes the penis assumes a curved form, from violent inflammation and consequent exudation into its cellular tissue; the curvature is almost always downwards, but occasionally in a lateral direction, with a rending sensation in the swollen part.

especially in the frænum. If not subdued, it may terminate in chronic disorganization, thickening, or induration. Should these latter supervene, a cure can no longer be expected, chordee remains a normal condition of the parts, connection becomes more or less painful, and sometimes even impossible.

**Iodium.** The external employment of this remedy, diluted with spirit to the color of sherry wine, will very frequently remove the affection in a day or two, particularly if the patient is of a scrofulous diathesis. The penis is to be painted with the above by means of a camel-hair brush twice a day.

**Capsicum** is required when chordee is associated with thick, purulent, yellow discharge, with excessive sensibility of the parts.

**Cantharis** is to be preferred when, with yellow discharge and excessive burning pain, there is great and painful difficulty in making water, often followed by discharge of blood.

**Pulsatilla** is requisite in chordee arising from suppressed gonorrhœa, or in case of venous congestion of the penis.

[**Lupulin**, freely given at night, has been found effectual in some extreme cases.]

**HÆMORRHAGE FROM THE URETHRA.**—This is of frequent occurrence when the inflammation is excessive, and is of no particular moment, if in slight quantity; but should the loss be great, the patient must be confined to the horizontal position, and cold water or ice must be applied to the penis.

**Aconite**, when there is strong inflammation, with hot, dry skin, and thirst, the penis being very hot and tense.

**Argenti nitras** is very useful in discharge of blood and mucus, with painful tensive erections.

**Cantharis** is indispensable in acute inflammation of the urethra, with extreme sensitiveness of the parts, discharge of blood and pus, and frequently bloody urine, with sharp pains in the back, and strangury.

**Millefolium**. In discharges of blood and slime, with swelling of the penis. This medicine is often required in alternation with ARGENT. NIT., or CANTH.

**INFLAMMATION OF COWPER'S GLANDS**, recognized by pain and swelling of the perinæum; if not speedily arrested, inflammation and suppuration supervene, frequently terminating in urinary fistula.

**TREATMENT**.—In the inflammatory stage, *Aconitum*, *Cinnabaris*, and *Mercurius corrosivus*, are principally required; in the suppurative stage, *Hepar sulphuris*, *Silicea*, and *Thuja*.

**Aconitum; Mercurius corr.** These two remedies should be given directly the premonitory symptoms appear, in alternate doses of five drops, each, every two hours.

**Cinnabaris** is preferable to MERC. CORR. if the patient is of a scrofulous or unhealthy constitution.

**Hepar sulph.** When suppuration threatens, attended with throbbing in the perinæum, and the *Mercurius* having proved ineffective, HEPAR must be immediately resorted to.

**Silicea** is preferable to HEPAR when the abscess has

broken, and the discharge is either clear and gelatinous, or thick and discolored.

**PROSTATITIS.**—The prostate gland is conglomerate, of the size of a walnut, situated at the neck of the bladder, and secreting a milky or colorless fluid, which serves to promote the emission of the semen during copulation. When this gland becomes inflamed, there is a sensation of heat and pressure in the perinæum, towards the neck of the bladder and the rectum, with a sensation as if some foreign body were lodged there; there is constant and painful urging to pass water, or stool, which increases with every attempt to satisfy the inclination, and is either fruitless or followed by a very scanty discharge. Suppuration generally ensues, if the disease be not checked by appropriate treatment, the pus being discharged either through the urethra, or through fistulous openings in the perinæum.

**TREATMENT.**—In acute cases, the principal remedies are *Acon.*, *Bell.*, *Bryon.*, *Cann.*, *Merc. corros.*, *Phosph.*, and *Thuja*. In chronic cases, *Pulsatilla* and *Thuja*.

**Aconite** is required at the commencement, when there is hot, dry skin, full, bounding pulse, thirst, great restlessness, with burning and tenesmus at the neck of the bladder, with painful, anxious urging to urinate, the urine being very dark, acrid, and frequently depositing a red sediment.

**Cannabis** is to be preferred when the urine is mixed with thready mucus or filaments, as if pus were present, with darting stitches at the posterior part of the urethra when standing; and aching pain, with great desire to urinate.



**Mercurius**, when the gland has become indurated, the feeling of pressure great, with heat and heavy aching in the perinæum, and discharge of urine with white filaments and flocks, the sediment being white and thick.

**Pulsatilla** is extremely useful in this complaint, particularly in fair-complexioned persons, more particularly when there is great heat and pressure in the perinæum, accompanied with frequent erections and loss of prostatic fluid, constrictive pain extending to the bladder, with pressure as from a stone, and frequent and almost ineffectual urging to urinate.

**Thuja**, when the symptoms are similar, the urine being bloody or depositing a brick-dust sediment.

**Phosphorus** ; **Hep. sulph.** ; **Silicea**. These remedies are required when suppuration is imminent, particularly when the patient is in ill health.

**CHRONIC INFLAMMATION OF THE PROSTATE GLAND**, is generally the result of a neglected or ill-treated case of the acute form. The patients first complain of painful pressure in the perinæum, only felt at first during an emission of urine or semen, but afterwards becoming continuous, and latterly increasing to a burning, extending to the glans, testicles, and thighs; an albuminous, colorless, ropy fluid flows from the urethra, sometimes closing its orifice; this fluid is more copiously secreted after an emission of semen, urine, or after stool, and is particularly aggravated by costiveness, excesses in drinking, or physical exertion. The pain now increases, the urging to urinate more violent, and the urine is expelled by fits and starts, the stream being sometimes divided,



and mixed with mucous flocks, and a little urine, often of a dark color and ammoniacal odor, remains constantly behind in the bladder, causing an increased irritation of that organ. The existence of suppuration may be inferred from a constant desire to urinate, pain during micturition, and the presence of tenacious mucus or pus in the urine. In the perinæal region the patient experiences a dull throbbing pain, with frequent chills, febrile symptoms, and even delirium. Whilst the suppurative process is going on, the abscess generally opens into the urethra, and its contents may be sometimes removed by means of the catheter. It may also be discharged into the bladder or rectum; but, in whatever direction the abscess may break, the morbid symptoms subside, and recovery soon takes place.

**Arsenicum** may be resorted to if the patient is much debilitated by the disease, particularly if it threatens to assume a malignant form, foul ichor being discharged from the urethra, with fetid colliquative diarrhœa and foul urine.

**Kali iodidum** has been lately reported as an important remedy in suppuration of the prostate, particularly in scrofulous subjects, with fair complexion and bloated appearance.

**Iodium** may prove serviceable in induration, or subsequent atrophy of the gland.

**Mercurius** may be required when the urine contains threads of mucus, or deposits a chalk-like purulent sediment, and a heavy, aching pain is experienced in the perinæal region.

**Silicea** is useful in chronic suppuration of the gland, with heat and soreness, urging to urinate, and discharge

of fetid, discolored pus with the urine, the bowels being very costive.

The following medicines may also be consulted: *Acid. nitric.*, *Argenti nitr.*, *Aurum*, *Cannabis*, *Capsicum*, *Conium*, *Lycopodium*, *Nux vomica*, *Pulsatilla*, *Rhododendron*, *Spongia*, *Sulphur*, *Thuja*, and *Uva ursi*. *Vide* CHARACTERISTIC EFFECTS.

[For acute and chronic inflammation, hypertrophy, and tumors of the prostate gland, the following remedies are mentioned by Dr. Lippe.\* (The indications which he suggests may be more readily found in Raue's Pathology and Therapeutics, page 405.) *Pulsatilla*, *Thuja*, *Digitalis*, *Cyclamen*, *Selenium*, *Causticum*, *Lycopodium*, *Secale c.*, *Copaiba*, *Zinc*, *Agnus c.*, *Alumina*, *Hepar*, *Apis*, and *Sulph. acid.* To these may be added *Tussilago p.*, recommended by Rosenberg and Jahr.]

**PRURITUS GLANDIS; Itching of the Glans.** — This complaint frequently occurs without any apparent reason, although it often accompanies the gonorrhœal discharge. The patients complain of an intolerable itching of the glans, which induces such violent scratching that excoriations of the parts are very frequently produced. This itching may likewise affect the genital parts of females suffering from leucorrhœa, or during and after the menses in perfectly healthy women.

The principal remedies are, *Sulphur*, *Calc.*, *Caust.*, *Antimonium crud.*, *Arsenic.* The particular indications which should lead to the selection of each respectively

\* Am. Hom. Review, Vol. III. p. 150. This article will well repay a careful study by all who have cases of this kind to treat.

may be gathered from the article on CHARACTERISTIC EFFECTS.

### HERPES PRÆPUTIALIS; Eczema Præputialis. —

This troublesome vesicular eruption, sometimes mistaken for incipient chancre, may affect both sexes, either with or without a syphilitic taint. In the male, the vesicles, of the size of a pin's head when fully developed, are seated on the prepuce and glans; in the female, on the labia majora and minora. The patients are not aware of the disease until their attention is directed to it by the itching of the red and swollen parts. The vesicles are generally clustered together, and sometimes coalesce.

TREATMENT. — The most useful remedies are *Acid. phos.*, *Petroleum*, *Thuja*, and *Veratrum*; [*Merc. corr.*] *Vide* CHARACTERISTIC EFFECTS.

**PHIMOSIS.** — This is caused by the infiltration of fluid into the cellular tissue of the prepuce, forming a large, long, dark, reddish-brown, bulbous swelling at the extremity of the penis, its borders being enlarged, cracked, and so narrow that but a small portion of the secreted pus can make its escape, and rendering the retraction of the prepuce behind the glans impossible, the remainder collecting underneath, forming a fluctuating swelling. Persons with a long and narrow prepuce are the most subject to it, and balanorrhœa is always present.

TREATMENT. — If the remedies are selected with care, the disease is generally easily subdued, and it is only in very severe cases, and when gangrene threatens, that the knife becomes necessary. Should the apparently appropriate remedies be of no avail, slight incisions in

the prepuce will allow much of the fluid to escape, and pave the way to speedy relief.

**Merc. corros.** is indicated when there is violent swelling of the prepuce, like a bladder, with burning, biting redness, and painful sensibility, with cracks and fissures on the inner surface.

**Rhus tox.** is required when there is puffy swelling of both prepuce and glans, with itching and moist eruption on the scrotum.

**Cannabis** should be given when there is dark-red, hot, and inflamed prepuce, which is swollen in connection with the frænum.

**Cinnabaris** is useful when there is swelling, redness, and soreness of the prepuce, with itching pain.

**Sulphur.** When the patient is of a scrofulous habit, and no relief is afforded by other remedies, although apparently well indicated, a few doses of SULPHUR will frequently produce striking amendment.

**NOTE.**—In this, as in other affections complicated with another disease, a reference to the indications for both will materially aid in the selecting the appropriate medicine.

**PARAPHIMOSIS.**—Retraction of the prepuce behind the glans is termed paraphimosis, and is much more dangerous, as, should the constriction be not speedily removed, strangulation of the part ensues, and the whole penis is likely to be destroyed by gangrene. In these severe cases there is no remedy but the knife. The remedies are the same as used for phimosis.

**Colocynth** has lately been employed with success in obstinate cases, and has been recommended in prefer-

ence to all other medicines for effecting or facilitating reduction.\*

**CYSTITIS ; Inflammation of the Bladder.**—This is characterized by burning pain in the region of the bladder, with tension, heat, pain on pressure, and external tumefaction. The pain and anguish are increased by the violent urging to urinate, which is often ineffectual, or the urine can only be discharged by drops; great thirst and fever are always present, sleep vanishes, and the patient rapidly emaciates. The disease in question (CYSTITIS from acute or suppressed gonorrhœa) generally involves the prostate gland and the surrounding parts, and in very severe cases extends even to the kidneys.

**TREATMENT.**—Absolute rest, and a diet of linseed-tea, barley-water, or some mucilaginous drink, are the chief accessories in bringing this complaint to a successful issue. Animal food, spices, or spirits, are *positive poisons* in this disease. It is also advisable to dissolve the medicines in a *large quantity* of water, as it serves to dilute the urine, which is always very acrid. Distilled or boiled and filtered rain-water are preferable for drinking to ordinary pump-water.

**Aconitum** is ever requisite in the initiatory treatment of this disease, if there is HOT, DRY skin, and quick HARD pulse.

**Cantharis** is indispensable in this complaint, and should be given singly or in alternation with ACONITE. It can even precede it, should the accompanying fever be only moderate.

**Hyoscyamus** is useful when urination is difficult, and

\* Laurie's "Elements of the Practice of Physic," p. 495.

the inflammation not far advanced, or when these symptoms appear to be more spasmodic than inflammatory.

**Digitalis** is useful when, in addition to the suppression of urine, constrictive pains are felt in the bladder.

**Acid phosph.** can be given for paleness of the face, heat, and intense thirst, milky urine, with cramp-like constriction of the bladder.

**Arsenicum** cannot be dispensed with, when intense thirst, distressing anxiety and restlessness, great fear of death, and rapid sinking of the vital powers prevail.

**Sulphur, Silicea**, will frequently be required at the termination of the disease, should it threaten to end in suppuration or perforation. The selection must be made in conformity with the detailed indications in the CHARACTERISTIC EFFECTS.

### CHRONIC INFLAMMATION OF THE BLADDER.—

This complaint is accompanied by a very irritable state of the organ, and profuse secretion of mucus, which passes off with the urine. Hence it is often termed CATARRH OF THE BLADDER.

The principal remedies are, *Pulsatilla*, *Dulcamara*, *Sulphur*, *Hepar sulph.*, *Mercurius*, *Phosphorus*, *Cannabis*, *Kali carb.*

The selection to be made in conformity with the characteristic action of each.

*Vide* CATARRH OF THE BLADDER.

**EPIDIDYMITIS.**—The epididymis is a small, oblongated, grayish body, about the size of a goose-quill, rolled on the superior part of each testicle, and formed by the windings of all the seminal ducts united into one canal.



It is liable to be affected with acute inflammation, in severe cases of gonorrhœa, when all the surrounding parts are implicated.

**TREATMENT.**—This disease running a rapid course, the appropriate remedies must be sought for immediately on its invasion. At the same time, all sexual excitement must be avoided, and a suspensory bandage worn for some weeks, even after all disappearance of the gonorrhœa. There is always some fever when the disease is acute, particularly when the spermatic cord is implicated, and the parts are so sensitive that the least pressure will frequently induce fainting.

It will be necessary to compare the indications here presented with those for gonorrhœa, as we cannot hope to allay the inflammation in the epididymis whilst the gonorrhœal affection is still unchecked.

**Argent. nit.** Contusive pains, with enlargement and hardness of the *right* testicle.

**Arsenicum.** Cramp-like, cutting colic, darting through the abdominal ring and perinæum, considerable swelling of the testicles, and phenomena resembling those of incarcerated hernia.

**Aurum.** Swelling of the testicles, with pressive pain on contact, and aching tensive pains in the right testicle, which is swollen in the lower part.

**Belladonna.** Repeated tearing in the left spermatic cord, from below upwards, in the evening, or when falling asleep; lancinations in the testicles, which are drawn up.

**Cannabis.** Tensive pains in the spermatic cord, and contraction of the scrotum; sensations of pulling or pressure in the testicles,



**Capsicum.** Drawing pains in the spermatic cord, and cramp-like pains in the testicles, during and sometimes after urination.

**Cinchona.** Painful swelling of the spermatic cord and testicle, but especially of the epididymis; tearing pains in the *left* testicle and the *left* side of the prepuce; cramp-like, contractive pains in the testicles and urethra, especially in the evening.

**Clematis.** Painful inflammation, and swelling of both testicles; ascending pains in the testicles and spermatic cord; induration of the testicles.

**Cocculus.** Stitching pains in one or the other testicle, and violent pains, as if bruised, or drawing pains, especially on pressure or even contact.

**Ignatia.** Strangling sensation and aching sensation in the testicles, especially after lying down at night.

**Mercurius.** Sensation of coldness in the testicles; or they are hard and swollen, with shining redness of the scrotum, with dragging pains, itching, tingling, and shooting, both in the testicles and spermatic cord.

**Acid nitric.** Inflammatory swelling and relaxation of the testicles, with painful swelling of the spermatic cord.

**Acid phosph.** Gnawing pains in the testicles, which are swollen, whilst the spermatic cord is enlarged, hard, and tightened.

**Pulsatilla.** Inflammatory swelling of the testicles and spermatic cord, with pressive and tensive pains extending into the abdomen; the *right* testicle is drawn up and swollen, whereas the *left* is hanging down relaxed; or the testicles hang down very loosely, with drawing tensive pains passing out of the abdomen through the spermatic cord.

**Rhododendron.** Distressing pains in the epididymis,

worse when touched, whilst the testicles are swollen and retracted. It is also useful when they are indurated.

**Spongia.** Squeezing, strangulating pain in the testicles, or aching swelling, with dull, darting stitches, affecting also the spermatic cord.

**Staphysagria.** Violent drawing, burning stitches from the right abdominal ring, apparently in the spermatic cord, as far as the right testicle; or drawing with pressure in the *right* testicle, as if it were violently compressed, and aching pains in the outside of the *left* testicle when walking, increased by touching the part.

**Sulphur.** Testicles relaxed and hanging down, with pressure and tension in the spermatic cord; vibrating sensation in the testicles and neighboring parts. It is also useful when induration has set in.

**Teucrium.** Descent of the right spermatic cord towards the abdominal ring, with great sensation of pressure; crampy sensation deep in the abdomen, which extends to the testicles, as if they had been violently squeezed; the integuments of the left testicle feel sore when touched.

**Thuja.** Aching pain in the testicles as if crushed, aggravated by walking, with repeated sharp stitches, extending to the spermatic cord.

#### EPIDIDYMITIS. — SYMPTOMATIC INDICATIONS.

Aching in the testicles . . . . .	. <i>Ignat., Scilla.</i>
in both testicles . . . . .	. <i>Aconitum.</i>
Constrictive pain in the <i>left</i> testicle . . . . .	. <i>Argent. nitras.</i>
in the <i>right</i> testicle . . . . .	. <i>Digit., Spongia.</i>
very violent in <i>both</i> . . . . .	. <i>Cocculus.</i>
Contractive pain . . . . .	. <i>Nux vom., Merc.</i>
spasmodic pain . . . . .	. <i>Cinchona.</i>
Drawing and violent continued pain in the <i>left</i> testicle . . . . .	. <i>Colocynth.</i>

## 74 GONORRHOËAL ACCESSORY AFFECTIONS.

Painful sensibility . . . . .	. <i>Acid nit., Rhod.</i>
Pressive pain in <i>both</i> testicles . . . . .	. <i>Ac.phosph., Canth.,</i> <i>Thuja.</i>
in the <i>left</i> testicle . . . . .	. <i>Staphysagria.</i>
Rending pain . . . . .	. <i>Pulsatilla.</i>
spasmodic pains, with itching . . . . .	. <i>Mercurius.</i>
in the <i>left</i> testicle . . . . .	. <i>Ac. phosphoric.</i>
Strangling pain . . . . .	. <i>Ignatia.</i>
Swelling of the epididymis, which is painful to touch . . . . .	. <i>Cinchona.</i>
violent, after a previous diminution . . . . .	. <i>Baryta carb.</i>

[ORCHITIS; SWELLING OF THE TESTICLES AND SCROTUM. — *Swelling of the testicles* forms one of the most painful complications of gonorrhœa. It may be confined to the convolutions of the epididymis, (*epididymitis*;) or involve also the surrounding cellular tissue of the scrotum. It results from exposure to the wet and cold; from being too much on the feet; and from suppression of the gonorrhœal discharge by injections. In the latter case, the symptoms are well covered by PULSATILLA, which will often relieve the swelling by restoring the discharge. In some cases, *Mercurius* may be needed; in others, *Aurum*, or CLEMATIS.

In *phlegmonous inflammation* of the testicles, *Aconite* is highly recommended by Hempel, who has cured such cases with the thirtieth potency. If the inflammation is extensive, involving the spermatic cord, and is, moreover, attended with cerebral symptoms, torpor, slight delirium, *Belladonna*, says Dr. Hempel, will be found indispensable. *Rhus* will be required, if the swelling of the scrotum (right side) have been induced by exposure to wet, or aggravated by too much standing. A case of this kind occurred to us some years ago of a tailor, who, from being constantly on his feet, cutting

out garments, got one testicle and side of the scrotum larger than his two fists, without abatement of the discharge.

INDURATION OF THE TESTICLE, often of years' standing, the result of mismanaged gonorrhœa, requires *Aurum* or *Clematis*, according to the prevailing conditions; *Aurum* especially, if the patient has been mercurialized. In these old cases, seldom repeated doses of the thirtieth or some still higher potency have been found efficacious. *Conium* should be considered, if the induration seems to have been (even partially) consequent upon a local contusion.]

**STRICTURE OF THE URETHRA.** — Diminution of the transverse diameter of the canal is one of the most frequent disorganizations resulting from gonorrhœa. There are several varieties of the complaint, some of which are much more intractable than the rest. INFLAMMATORY STRICTURES develop themselves during the course of, or after, acute gonorrhœa, and are generally cured in two or three weeks; MEMBRANOUS STRICTURES arise from the formation of folds or valves in the mucous membrane; FLESHY STRICTURES, from partial swelling of the lining membrane; FIBROUS or CARTILAGINOUS STRICTURES are caused by cicatrized wounds or ulcers; VARICOSE STRICTURES, by engorgement of the blood-vessels; and by MIXED STRICTURES is understood a spasmodic condition, with an alteration of the tissues. SPASMODIC strictures affect only the membranous portion of the urethra, and may involve the whole length of the canal, so as to form a very narrow tube; whilst ORGANIC strictures are generally deeply seated, usually

under the symphysis pubis, at the junction of the spongy with the membranous portion. The following symptoms indicate the invasion of the disease: Soon after the termination of an improperly treated gonorrhœa, the orifice of the urethra is found in the morning closed with mucus, leaving dirty-yellow stains on the linen. This discharge is not infectious, but it indicates the commencement of stricture: the stream of urine becomes thinner, slower, and falls more perpendicularly; at first it is flat, but becomes twisted or divided into several branches, and at last the urine passes off very slowly, and in drops. The constant urging to urinate is particularly troublesome at night, and the difficulty of passing water is equally annoying. Great care must be taken not to *force* the discharge of urine, as serious consequences, such as hernia, or prolapsus of the rectum, may ultimately ensue. Patients often endeavor to avoid the necessity of frequent urination, and therefore abstain from drinking to a great extent: this only aggravates the evil, as the urine, being more concentrated, is consequently more corrosive and irritating than it was before, the urging is more frequent and excessively painful, the urine can only be discharged in drops, and strangury frequently is the result. The urine also contains more AZOTE in its composition, is mixed with pus and mucus, depositing a dirty-white, cloudy precipitate on standing, and exhales a pungent, disagreeable, ammoniacal odor. *Partial or complete* incontinence may set in, in the course of the disease, causing an enlargement of the urethra, extending to the neck of the bladder. If *partial*, a small quantity of urine is involuntarily discharged drop by drop after every emission,

the clothes get wet, and exhale a fetid odor in spite of the greatest cleanliness. In *complete* incontinence the inconvenience is very distressing, the urine passing off continually, and necessitates the use of a caoutchouc bag. The diagnosis of the various kinds of stricture and their mechanical management, should be confided, *if possible*, to an experienced *surgeon*, as no written description would enable patients to distinguish their cases with certainty.

Owing to the fact that a stricture *always tends to increase even to the complete closure of the passage*, the prognosis is generally doubtful; the nearer it is to the outer portion of the urethra, the more recent and dilat-able, and the less extensive and contracted, the sooner it is removed. Complications and constitutional derangements increase the difficulty, and often render it incurable.

**TREATMENT.** — For spasmodic stricture, and the lighter forms of swelling in the mucous membrane of the urethra, the annexed list of medicines will be worthy of study. *Agaricus, Clematis, Conium, Cantharis, Iodium, Kali iod., Mercurius, Acid nitric., Silicea, Stramonium, Sulphur.*

The principal remedies for spasmodic strictures are :

**Aconite** : required when there is inflammatory fever; constant and distressing urging to urinate, with inability to pass any urine.

**Cantharis.** Similar symptoms, with discharge of a few drops of blood instead of urine.

**Belladonna** is requisite when there is frequent urging, the urine being natural, or gold-colored.



**Camphora**, when strangury is present, the urine passing in a thin stream, and is very acrid.

**DOSE.**—Two drops of the concentrated tincture, on a lump of sugar, every twenty minutes till relieved.

**Digitalis** is very useful when there is continual desire to urinate, but emitting only a few drops each time, with sensation as if the bladder were too full; or when there is pressing and burning in the middle of the urethra, as if it were too narrow.

**Argenti nitras** is requisite when there is burning urine, and pain in the urethra, as if swollen and closed.

**Nux vomica**, for painful, ineffectual desire to urinate.

**Opium.** Spontaneous interruption of the stream when urinating, or sometimes complete suppression for the time being.

**Thuja.** Difficult micturition; the stream is arrested half a dozen times, before the urine is entirely voided.

In ORGANIC strictures, however, a surgical operation is unavoidable; the use of bougies is the first step to be taken, commencing with a very small-sized one, and proportioned to the size of the stream. Having well oiled it, we introduce it carefully into the urethra, and pass it gradually towards the stricture, turning it irregularly in various directions, should the course of the stricture prove to be irregular; this is very frequently a delicate and troublesome operation, the bougie sometimes being arrested by a fold of the mucous membrane, or one of the mucous follicles, situated along the lower wall of the urethra, or (in *old offenders*) by false passages. In such cases the bougie is to be drawn back, and the penis



pulled forward for the purpose of removing the obstacle, which sometimes interposes such difficulties that an hour or so is frequently required to accomplish the object. It is therefore necessary to observe, that great care, caution, and patience be exercised, and that *no rash forcing* of the instrument be resorted to, as serious mischief would inevitably follow. The bougie may be introduced once or twice a day, and may be gradually increased in size, always taking care to insert the smaller-sized one first, and allow it to remain a few minutes, before employing the larger one. As to the length of time it may be allowed to remain, that depends upon the feelings of the patient, some bearing it much better than others. The good effects of the bougie are generally quickly manifested, the urging to urinate being much lessened, and the stream increasing in size; at first the mucous discharge is increased, but as the stricture dilates, it decreases, and finally entirely ceases; the patient now, with appropriate treatment and the use of the instrument, rapidly progresses, the symptoms yield one by one, and in general perfect recovery takes place.

As the introduction of the bougie often causes great faintness and trembling, a dose or two of the Tincture of ACONITE (1), five drops, in a wine-glass of water, at ten minutes' interval, will generally speedily remove the abnormal symptoms.

In severe disorganizations, however, the cure is not so easily accomplished, and it is often requisite to leave the instrument in the passage for many days or weeks, withdrawing it every day to clean it, or to substitute one of a larger size. Should there be a valvular stricture, the

knife is necessary to remove it, although cauterization is sometimes employed, which has the merit of obviating the severe hæmorrhage which often follows the use of the bistoury, but not of preventing the contraction of the cicatrix, which calls for the continual employment of the bougie.

**GONORRHŒAL OPHTHALMIA.** — This extremely severe disease requires the PROMPTEST ATTENTION, disorganization and bursting of the eye not unfrequently taking place within even twenty-four hours from its first invasion. It therefore behoves patients troubled with gonorrhœa to take especial care that none of the discharge be jerked into the eye through carelessness, and that towels or sponges used for washing the penis be kept entirely separate from everything else ; also that they be either destroyed when done with (always advisable with sponges), or thoroughly cleansed with a strong solution of potash afterwards, before using. These precautions cannot be too strictly attended to, as many innocent persons have entirely lost their sight and been disfigured for life, by the carelessness of patients troubled with gonorrhœal discharge. In fact, inflammation of the eyes, occurring during this complaint, should be *always* regarded as malignant, and treated accordingly.

There are three distinct stages in this complaint: The first generally sets in with a violent burning itching, especially at the edges of the eyelids and the corners of the eyes, accompanied with a profuse flow of acrid tears, and considerable intolerance of light ; the conjunctiva is uniformly injected, and the upper lid is much swollen, the tears becoming turbid towards the end of this stage :

there are also fever, dull heavy headache, coated tongue, and violent thirst. The second stage now commences by the conjunctiva becoming more swollen, the tears are mixed with yellowish-white pus, which speedily increases in quantity and thickness, gradually assuming a greenish tint, and inflaming and corroding the cheeks in flowing down. Sometimes the upper lid swells to the size of a hen's egg, the lower lid being always less swollen. The pains now become extremely acute and spread over the whole head, the conjunctiva more and more injected, forming a pad-shaped elevation round the cornea, covering its margin, and ultimately projecting beyond the lids as a dark red mass (chymosis). The pus now pours down profusely, and in a few hours the cornea assumes a uniformly grayish or yellowish appearance. If these alarming symptoms are not speedily checked, the cornea ulcerates and in a few hours bursts, discharging the whole contents of the eye, which speedily collapses, and total and irrecoverable loss of vision, staphyloma, and other unsightly disorganizations, are the result. The pains now decrease, the discharge becomes less, more fluid, and less corrosive, the fever entirely ceases, but the disorganizations remain, and require a special treatment (generally *surgical*), according to their nature.

Absolute rest, a darkened apartment, unstimulating diet, are indispensable to a favorable recovery.

PROPHYLACTIC TREATMENT.—No time should be lost, after the gonorrhœal discharge has entered the eyelids, in thoroughly syringing the eyes with warm water to dilute and remove the pus.

In order, however, to prevent any ill effects arising, the alternate administration of ACONITE, and SULPHUR,

five drops of the tincture in a wine-glassful of water every hour, is especially recommended.

**TREATMENT.**—**Aconite ; Sulphur.** These two remedies, taken alternately, will generally serve to arrest the complaint if taken when the burning, irritation, and redness first make their appearance.

**Arsenicum** is necessary when the redness of the eyes is very considerable, the tears being very profuse and acrid, with violent *burning* pains in the part.

**Argenti nitras** is generally the sheet-anchor in this disease, and must be resorted to immediately if pus has already formed ; the redness, intolerance of light, pains in the head, and swelling of the eyelids, showing but too clearly the *malignant* nature of the complaint.

In very severe cases, a lotion composed of one grain of crystallized NITRATE OF SILVER in one ounce of distilled water, must be dropped into the eye every hour. In many cases the internal use of Tincture of ACÓNITE (1) in alternation will be very efficacious.

**Mercurius corrosivus** is very effectual when the disease does not assume such a malignant form, but the redness, burning, and discharge of pus are still very great, or when symptoms of IRITIS (known by discoloration of the iris, irregular shape of the pupil, which often rapidly contracts and sometimes irrecoverably closes, the presence of a radiated ring of blood-vessels around the cornea, and pain across the temples) make their appearance.

## [VENEREAL RHEUMATISM.]

RHEUMATISM may arise in connection with gonorrhœa, or with syphilis, or with both occurring together. In cases of gonorrhœa, rheumatism may appear while the discharge still continues ; when it has been apparently but only partially and imperfectly cured, or when it has been suppressed by injections. In persons predisposed to rheumatism, it may make its appearance while the discharge still continues. Or if, soon after being cured of gonorrhœa, the patient goes in bathing while yet the water is quite cool, the original discharge may return and become more difficult of removal than before ; or an inveterate gonorrhœal rheumatism may be established. In cases of syphilis, the rheumatism seems to be developed principally as a consequence of excessive mercurialization.

The joints most frequently affected in venereal rheumatism, are those of the knee, the elbow, the wrist and the ankle. The pains are very severe ; worse on motion, and usually much worse at night. In addition to the local inflammation, some general fever will often be developed. The *irritable bladder*, and incontinence of urine, which so often appear in connection with gonorrhœa, may result from this kind of rheumatism affecting the neck of the bladder.

The several forms and complications of rheumatism with venereal affections, may thus be summed up :

- I. Rheumatism with present gonorrhœa.
- II. Rheumatism in imperfectly cured gonorrhœa.

III. Rheumatism in gonorrhœa suppressed by injections; (either of these forms may be again complicated by a mercurialized condition of the patient's system, whether acquired formerly or more recently.)

IV. Rheumatism with Syphilis.

V. Rheumatism with *Syphilis and Gonorrhœa*.—These two latter forms will almost invariably be found complicated by a strongly mercurialized condition of the system; while the gonorrhœal discharge, suppressed by injections, may still further increase the difficulty, if it do not obscure the case. Each of these forms and complications I have seen, and treated successfully with Homœopathic Medicines.

**Aconite.** Often indispensable in the early treatment of venereal rheumatism; especially when there are both local inflammation and considerable general fever.

**Rhus** may be required when the rheumatism has been induced by exposure to the wet, as in bathing.

**Pulsatilla.** Especially indicated *where the discharge has been suppressed by injections*. Wandering rheumatic pains characterize this remedy in a remarkable manner. Other indications may be found in its well-known constitutional symptoms.

**Kalmia latifolia** may be called for when Pulsatilla is indicated by the wandering pains, but fails on account of not being able to overcome the *mercurial influence* present in the system.

Kalmia has been used with much benefit in the cure of syphilis; the pains are most severe while moving, and disappear while lying. Frequent pains here and there in the limbs, continually changing from one place to another. Pains go from the upper to lower parts. The rheumatic



pains are mostly in the upper arms and lower parts of the legs; and are worse on going to sleep. Suitable for gonorrhœal (and even syphilitic) rheumatism in mercurialized patients.

**Daphne indica.** Articular rheumatism consequent upon suppressed gonorrhœa. Pains worse at night. Violent, crampy pains at night, (all night,) about the joints. Pains in the bones. Darting pains, like shocks, in various parts, frequently and suddenly wandering from one part to another. Remarkably adapted to gonorrhœal rheumatism occurring in mercurialized syphilitic persons.

**Kali iod.** Most important in venereal rheumatism, — especially syphilitic, — where the patient has been mercurialized. In recently mercurialized cases it may require to be given in substantial or massive doses. Rosenberg prescribed one grain in six ounces of water, curing with this dose more rapidly than Lobethal with doses ten times as large.\* The wonderful complementary relation of *Kali iod.* to *Mercury* is such that, while by itself it can never cure a case of pure syphilis, it acts like a charm in those which have been *modified* by mercurial treatment, curing them rapidly and thoroughly.

**Phytolacca decandra.** One of the most powerful, valuable, and least known of the indigenous plants of America. Of all the vegetable antidotes of mercury this is one of the most efficacious; while it is both useful in rheumatism and said to be specific against syphilis. Hence it will be indicated in the rheumatic complications of mercurio-syphilitic affections. In *syphilitic rheumatism* it may be considered almost a specific.

\* Jahr's Venereal Diseases, p. 423.



And the additional presence of a gonorrhœal complication in such cases — particularly if they have been previously mercurialized — would by no means counterindicate this remedy ; provided, always, that the other symptoms correspond. Pains, neuralgic, (mostly on right side,) worse at night, after midnight ; increased by motion and by pressure ; rendered endurable only by energetic walking ; coming on in the hip, tibia and fibula, from 1 to 5 A. M.\*

**Asafœtida** must also be studied in this connection. With the thirtieth of this remedy I once cured a case of syphilitic rheumatism of the wrists and ankles of long standing, which had been the rounds of some half a dozen Allopathic physicians. The patient, who had taken *Mercury*, *Kali iod.*, and *Ferri iod.* in all forms and in any quantity, was a barber, and his wrists were so stiff and lame that he could scarcely work at his trade. But in a few weeks a great improvement was effected, (by the *Asaf.*<sup>30</sup>,) which continued till he was as well as could be expected.

**Sarsaparilla** should be carefully studied.

**Thuja oc.** combines all the elements of these complicated forms of disease, and will often be found indispensable, especially if condylomata or fig-warts appear.]

\* Bost. Hom. Quarterly, I. p. 436, 1849.

## TRUE SYPHILIS.

**CHANCER.**—We have now to treat of a disease less painful than the preceding affection, but infinitely more dangerous, on account of its tendency to progress (unless arrested) to a fatal termination, in contradistinction to gonorrhœa, which often wears itself out without any treatment.

The disease in question makes its appearance from three to six days after infection, in the form of a small red spot or vesicle, with inflammation of the part and itching. The centre of the spot rises rapidly, becomes whitish and transparent, a reddish and corrosive serum is discharged, and an ulcer is formed, its malignant nature being shown by its *circular* form. The ulceration extends both laterally and into the substance of the penis, its margins become hard and cartilaginous, and the inner surface assumes a grayish or lardaceous appearance, which cannot be detached, the opening of the ulcer being narrower than at its base. In man, the glans and prepuce are principally affected; in women, the labia, clitoris, and orifice of the vagina. Chancres are distinguished according to their nature:—1st, the *superficial* chancre; 2d, the *indurated* chancre; and 3d, the *phagedenic*, *gangrenous*, or *sloughing* chancre.

The *superficial* ulcer has its margins, which are considerably elevated, sometimes spongy, but is not accompanied with induration. The edges are never jagged but always sharply circumscribed; the sore looks clean, of a flesh-red color; the discharge is thin, copious, and

generally mixed with blood ; this form usually heals quickly.

The *indurated* chancre has its edges more or less jagged, elevated, slightly painful, with a copper-colored circumference ; its base is indurated and lardaceous, the ichor adhering very firmly, which washing will not remove. The discharge is of a light-yellow color, viscid, and glutinous, occasionally acrid and offensive, staining the linen ; this variety extends far more in *depth* than *breadth*.

The *phagedenic* chancre develops itself principally in scrofulous individuals ; there is little induration, but its edges are thin, shaggy, or rolled up, of a brown or violet color, the secretion thin and fetid. The ulcer is usually covered with a gray layer of false membrane, beneath which the destruction of the tissues proceeds alarmingly, particularly when badly treated. It is very subject to dangerous hæmorrhage, and, in severe cases, becomes gangrenous.

The *sloughing* chancre commences as a black spot, which extends, breaks, and discloses a corroded surface ; the ulcer now presents a dark blue or livid crimson margin, is excessively painful, and if not quickly arrested, particularly when occurring under unfavorable circumstances, sloughs rapidly, destroying the whole of the external sexual organs, and even the neighboring parts.

According to RAUFF, chancres in the mouth are generally secondary, being more superficial, and wanting the lardaceous appearance presented by those of the pharynx and palate. Those of the nose are still less frequent, and smaller than either of the others.

The chancre may pass from the acute to the chronic

form without ceasing to be primary, but when it loses its syphilitic character, venereal spots make their appearance, with pimples on the forehead and chin, and around the mouth.

[*Chancre* is the name of the primary syphilitic ulcer; that is, of the first form of syphilis itself; of the existence of which it usually affords the principal if not the only decisive evidence.

I. Our author's distinction of *Superficial* and *Indurated* Chancre is itself both superficial and misleading. For every simple Hunterian chancre is first soft and superficial; and acquires its indurated character usually in five or six days; although in exceptional cases the induration may be developed in the first twenty-four hours. The characteristic of the REGULAR, SIMPLE, HUNTERIAN CHANCRE, whether soft or indurated, is its "funnel-shaped, depressed form, with abruptly rising erected edges; and the fact that the *induration* invariably appears after a short period." \* Thus both the *superficial* and the *indurated* chancre of Berjeau belong to the former class, which Jahr, in common with other modern authors, describes as the REGULAR, SIMPLE, HUNTERIAN CHANCRE. This generally locates itself on the frænulum, corona glandis, or on the glans itself; and is the mildest form of the terrible syphilitic disease. For this, *Merc. sol.* is usually the sufficient remedy.

II. THE ELEVATED CHANCRE forms Jahr's second class: "When first breaking out, it looks like a small whitish ulcer of the size of a small split pea to that of a dime. In eight or ten days, or even sooner, the edges of the ulcer,

\* Jahr, Ven. Dis. p. 95.

together with its base, become raised, forming an elevated, projecting, whitish gray ulcer, of a spongy appearance. These ulcers generally are of an oval shape; they secrete a purulent serum, are not very, or even at all painful; neither the edges nor the base are *indurated*."—*Jahr*. "The regular, simple Hunterian Chancre"—continues the same author—"usually forms a single isolated ulcer; while the *Elevated Chancre* very frequently consists of several ulcers."

In this *elevated* form of chancre, (which however cannot be distinguished by the elevation alone from the simple chancre in the first few days,) the principal remedy, according to *Jahr*, is still *Mercurius solubilis*, of which (as in a simple chancre) he recommends *one half a grain* of the *first centesimal trituration* to be given *morning and evening*.\* This remedy, he says, will undoubtedly prove most specifically curative as long as the chancre still presents its ash-colored, lardy appearance, and will even surpass in curative power any other agent, in cases where the *elevated ulcer* has passed into the Hunterian form of chancre.

Where the lardaceous period has been neglected, and new condylomatous growths appear, *Cinnabar* may be indicated; or rather *Nitric acid*, which *Jahr* pro-

\* "I use *Mercury* in all *Chancreous Ulcerations*. If resembling the *simple* or *Hunterian* chancre, I employ *Merc. sol.*; in the phagedenic form I prefer *Merc. corros.*, until an improvement sets in, after which I continue the treatment with *Merc. sol.* Regarding the dose: I never give, in urgent cases, lower than the second trituration of Mercury, in one-half-grain doses, morning and night, giving only one dose every morning on the third or fourth day, and after this period, one dose every other day."—*Jahr, Ven. Dis.* p 247.

nounces superior to Cinnabar in all such cases. But if *Merc. sol.* is not sufficient in recent cases of *elevated* chancre, *Cinnabar* is preferable to *Nit. acid.*

If the *Elevated* Chancre, instead of changing into the milder form of regular, or Hunterian Chancre, assume a *phagedenic* appearance, *Merc. corros. sublimate* will be required, as advised in this third Variety of Chancres, viz:

III. THE PHAGEDENIC CHANCRE. — This is the most malignant and rapidly destructive form of syphilis; the chancre assuming this form, either from the primary intensity of the virus, or from the depraved condition of the system which it attacks, or from both these circumstances combined. This ulcer, says Jahr, like the elevated chancre, has no induration. If the edges or base appear swollen, such swelling is nothing less than a malignant œdema (like most malignant erysipelas). The phagedenic chancre penetrates less into the subjacent tissues *than it spreads* in circumference. It may preserve its round shape; but in the most cases it spreads about irregularly, assuming a *Serpiginous* character.\* Usually the progress of the phagedenic chancre is marked by putrid disorganization; but sometimes it becomes converted into a *gangrenous sore*. In either case, this form of syphilis is rapidly destructive and dangerous.

This form of syphilis nearly always grows worse under the usual preparations of mercury; with the exception of the *Corrosive sublimate*. This, says Jahr, “has never left me in the lurch, although I never give it in larger doses than *one half of a grain of the first centesimal trituration, morning and evening*. This agent very

\* Jahr, Venereal Dis. p. 96.

speedily arrests the ulcerative progress, but should not be repeated too often after symptoms of improvement have begun to set in, lest cicatrization should take place too rapidly and only superficially." When given *in solution*, this powerful drug acts still more promptly upon the organism. *Swain's Panacea*, which is claimed to have caused some wonderful cures,—and which is known to *have caused some most frightful deformities from such phagedenic ulceration*,—is principally composed of this active poison.

"So long as the original spot upon which the chancre has been developed, exhibits a reddish, morbid-looking, red or bluish scar, we may be sure that the internal disease is not completely cured ; whereas, if the chancre has been removed by the internal remedy, the original spot of the chancre can no longer be traced on account of that spot being covered by as healthy colored a skin as the rest of the body." — *Hahnemann*.]

TREATMENT.—It cannot be too strongly impressed upon the reader, that the practice so frequently adopted of destroying the chancre by LUNAR CAUSTIC is one of the most fatal practices of the present day. It does not by any means follow, that, because we have *suppressed* the outward manifestation of the disease, we have thereby *vanquished* it. On the contrary, we have destroyed our most valuable guide, and we cannot possibly tell whether or when the patient is rid of his complaint. When we find the chancre yielding to the *internal* use of medicines, properly selected, we can be certain that the patient is in a fair way of recovery ; but when caustic or various repellents are employed, the disease



becomes more intractable and complicated, secondary symptoms arise, or the patient is carried off by consumption, or suffers for the remainder of his life from some other chronic complaint, it being no uncommon thing to find persons attributing, and with good reason, all the miseries of ill-health they have undergone, to syphilis badly treated in bygone days. The proper remedy must be selected with reference to the form, extent, and duration of the ulceration, the constitutional and moral disposition being taken into consideration.

The greatest cleanliness is of course necessary; a small piece of wet lint may be introduced between the glans and prepuce, when the ulcerations are not extremely painful: otherwise, water should be injected under the folds of the prepuce, by means of a small syringe. Absolute rest is to be enjoined, if possible, (and *always* if the sore assumes a phagedenic type;) neglect of this rule prolonging the disease, in spite of the best conducted treatment.

DIET. — Young plethoric persons should practise abstemiousness in this complaint, but debilitated persons should use a generous diet, provided inflammatory symptoms are not present, wine being allowed in cases of great depression and prostration of strength. Rice or barley-water, and cocoa, or weak black tea if accustomed to it, are the best beverages.

TREATMENT. — “When MERCURY has not been previously employed, we prescribe it for all sores which present an indurated base and margin, whether they secrete and are covered with a tenacious, or a thin, offensive matter; and we should certainly most unwillingly dispense with this valuable remedy in such cases,

notwithstanding the bad repute it has acquired, from the frightful effects which have so frequently arisen from its *abuse* in the hands of our allopathic brethren."\*

The more particular indications are: spreading and deeply penetrating ulcers on the glans and prepuce, or pale-red vesicles breaking into small ulcers on these parts; the chancres bleed readily, are very painful, and secrete a yellowish-white fetid pus; ulcers with inverted red edges and a cheesy bottom, or circular ulcers with inflamed base, accompanied, in females, with swelling of the vagina.

**Merc. corros.** is very useful in chancres with the ichor firmly adhering to the bottom of the ulcer, and secretion of thin pus, leaving stains on the linen as from melted tallow.

**Cinnabaris.** We have found this medicine remarkably useful when no benefit has accrued from MERCURIUS, although apparently well indicated; it is in scrofulous cases where it best displays its remedial powers.

**Acid nitric.** This remedy, which ranks equally with MERCURIUS in this complaint, is to be employed against the chancre with raised edges, with a tendency to bleed easily and profusely, and where no signs of central granulation are present, or, if they are, instead of a firm and florid appearance, pale, flabby, and prominent, the discharge being generally thin. This remedy is very useful in those cases maltreated with mercurial preparations.

**Aconite** is necessary (as an intercurrent remedy) when there is violent inflammation of the penis, following the exhibition of MERCURY. When this occurs with chancres on the glans, it will be advisable not to retract the prepuce, but effect the cure of the ulcer without exposing it.

\* Laurie's "Elements of the Practice of Physic," p. 482.

**Arsenicum** is very appropriate in cases which, under the administration of MERCURY, are filled up with florid but too elevated granulations, the margins of the ulcer remaining hard and bleeding at the slightest touch, the discharge being very thin and offensive. It cannot be dispensed with in the *phagedenic* variety where the ulcer presents livid elevations, which are jagged, sharp, and undermined, with intense burning pains, gangrene being imminent; and is the principal remedy when the latter complication is established, characterized by cessation of the pain, livid or mottled appearance of the sore, and the formation of a black slough, which sooner or later separates, leaving either a healthy sore, or one which plainly indicates that the ulceration is still extending.

**Silicea** is required in many of these cases when the discharge is excessive, foul smelling, discolored, and bloody and thin, or the sore is inflamed and irritable, with unhealthy granulation.

**Argent. nit.** is efficacious for little ulcers on the prepuce, the margins of which are at first covered with pus, spreading gradually, and covered with a tallowy lardaceous substance.

**Causticum** is very good for chancres secreting an acrid corrosive pus, or a watery, greenish fluid, with complication with cutaneous affections, gout, or scurvy.

**Sulphur**, as an intermediate remedy, is extremely useful for chancres occurring in unhealthy individuals, where the disease threatens to assume a bad type, and particularly where the bottom of the ulcer is covered with the characteristic lardaceous secretion, with discharge of fetid ichor; but it is especially in the super-

ficial ulcer, with raised margins, that its greatest results are manifest.

**Thuja.** This medicine is required in flat, itching ulcers, with unclean bottoms, or whitish chancres, with hard edges. In complications with gonorrhœa, THUJA is extremely useful.

### CHANCRE.—SYMPTOMATIC INDICATIONS.

Acrid corrosive pus . . . . .	. <i>Arsen.</i> , <i>Caust.</i>
Bleeding readily, with ichorous secretion . . . . .	. <i>Ars.</i> , <i>Carb. v.</i> , <i>He-</i> <i>par s.</i> , <i>Merc.</i>
Burning pains in the chancres . . . . .	. <i>Ars.</i> , <i>Calc.</i>
Deep ulcers on the penis . . . . .	. <i>Mercurius.</i>
Edges resembling raw flesh . . . . .	. <i>Mercurius.</i>
Flat ulcer with red edges . . . . .	. <i>Thuja.</i>
Florid chancres, with raised edges . . . . .	. <i>Iodium.</i>
Gangrene of the penis . . . . .	. <i>Arsen.</i> , <i>Lachesis.</i>
Gangrenous ulcers with bloody edges . . . . .	. <i>Arsenicum.</i>
Ichor adhering to the bottom of the ulcer . . . . .	. <i>Merc. corros.</i>
Ichorous pus from chancres . . . . .	. <i>Aurum.</i>
Inflamed circular ulcers . . . . .	. <i>Mercurius.</i>
Lardaceous ulcers, with white places in the centre . . . . .	. <i>Arsenicum.</i>
edges, with fetid secretion . . . . .	. <i>Hepar sulph.</i>
Little ulcers, which spread gradually . . . . .	. <i>Argent. nit.</i>
Painless ulcer, with hard edges . . . . .	. <i>Arsenicum.</i>
Red chancres on the prepuce . . . . .	. <i>Merc.</i> , <i>Thuja.</i>
Secretion of copious watery fetid ichor . . . . .	. <i>Arsenicum.</i>
Small chancres with clean bottoms . . . . .	. <i>Mercurius.</i>
Superficial ulcers and excoriations . . . . .	. <i>Sulphur.</i>
Torpid ulcers in cachectic individuals . . . . .	. <i>Sulphur.</i>
Vesicles, pale-red . . . . .	. <i>Mercurius</i> , <i>Thuja.</i>
smarting, on the labia . . . . .	. <i>Staphysagria.</i>

**BUBO.**—Syphilitic buboes are classed as *primary*, *secondary*, or *constitutional*. The first appear commonly from the third to the sixth day of the infection, without premonitory symptoms; *secondary* buboes arise from gonorrhœa, or as sequelæ to syphilitic chancre; whilst

*constitutional* buboes have for their origin an old infection, overlooked during its development, and which has now become a constitutional disease. They are red, hard, and rather indolent tumors, situated in a conglomerate gland, are very diffuse, suppurating with difficulty, the pus being discharged through an opening with a callous edge. Syphilitic buboes affect principally the glands of the groin, and of the arm-pit, (axilla,) and are produced from the absorption by the lymphatics of the contagious virus of the chancre. Sometimes several weeks elapse after the chancre has healed, and recovery has taken place, when the (secondary) bubo begins to develop itself. When the chancre is situated at the orifice of the urethra, or on the frænum, bubo in the groin is generally certain to follow; should these two co-exist, constitutional syphilis is usually developed. It also happens that primary ulcers about the head and face are liable to give rise to these troublesome swellings, within a short distance of the affected parts. Primary bubo presents itself under three varieties, corresponding pretty well to those of the chancre, viz., *acute*, *indolent*, and *phagedenic*. The first, which is inflammatory, terminates in suppuration; the second, characterized by induration, does not readily gather, but runs a tedious course; the last becomes a phagedenic, gangrenous ulcer, and is the most dangerous form of the disease.

The symptoms of the *acute* bubo are the following: Violent inflammation of the gland, which becomes immovable, attended with pain, and rapidly increasing swelling of the parts; the cellular tissue around it becomes infiltrated and indurated with the inflammatory

exudation, the skin on the tumor is hot, shining, very sensitive, and a slight redness develops itself in the middle. When the suppurative process sets in, the accumulated pus gives rise to a soft, oval swelling round the gland, which remains hard, and is not invaded by the suppuration till a late period. Febrile symptoms, and sometimes œdema (puffy swelling) of the abdomen and the internal surface of the thighs, accompany this affection. Rigors are present during the process, and, when completed, the fever abates, the pain grows less, and the motion of the limbs becomes more easy.

The *indolent* bubo appears after primary, indurated, or constitutional chancre, and only when these are healed. It progresses very slowly, is scarcely painful, and the skin, unaltered in color or temperature, can be moved over the hard tumor. Much larger than the acute kind, these buboes remain unaltered for months, when the skin at length becomes hot, and suppuration commences in a *portion* only of the tumor. The pus is thin and flocculent, the skin changing from a bright-red to a bluish-red color; fistulæ often make their appearance in various directions, through which pus pours in considerable quantities.

The *phagedenic* bubo commences with violent erysipelatous inflammation of the skin, spreading rapidly, and accompanied by violent pains in the tumor, with acute fever, intense thirst, and sleeplessness. The skin over the part rapidly assumes a livid or dirty brownish-yellow hue, and gangrene quickly supervenes, attended with great anxiety and prostration.

[The exercise of walking tends in a remarkable man



ner to develop buboes in syphilitic patients; as it does to aggravate the discharge, and disposition to orchitis in those suffering with gonorrhœa. Such exercise, therefore, should be strictly forbidden in either case.

Jahr recommends *Merc. rub.*, *præc.* the red oxide of Mercury, in these cases, unless the patient has already taken a good deal of Mercury allopathically. Or, if the *Præc., rub.* does not answer, he gives *Cinnabar.* (If the patient had been mercurialized already, he uses *Aurum*, *Nitric acid*, or *Hepar s.*) If the first-mentioned remedies do not disperse the tumor, and the chancre does not demand immediate special treatment, he uses *Carbo animalis* for the bubo with the happiest result. If the chancre is in a fungous condition, *Nitric acid* will be preferable. If fluctuation has already set in, he begins the treatment with *Carbo animalis*; to be followed, if necessary, with *Nitric acid*.

For *gangrened* buboes, *Arsenicum* may be used; for old *indurated* buboes, which remain as a clean ulcer (scrofulous) after the extinction of syphilitic symptoms, *Silicea*, *Sulphur*, or *Hepar s.*

Dr. Hempel\* recommends the *Deut-iodide* or *Bin-iodide of Mercury* (the red iodide) very highly, in the first or second decimal trituration, as "a very efficacious remedy for chancre and bubo." But the practitioner who has not been in the habit of using the red iodide of mercury should remember that *it is a very active poison*, which, if not so corrosive as the sublimate, may be no less dangerous. A patient may easily be fatally poisoned with half-grain doses of the first decimal trituration of the *Deut-iodide of Merc.* The first decimal

\* Jahr's Venereal Diseases, p. 136.



(or second decimal) trituration will be found powerful enough, and will produce far more satisfactory results, in most cases, than the first decimal possibly can.

The *Iodide of potassium* will also be found useful (in addition to the cases in which Berjeau recommends it) in persons who have been salivated, or otherwise severely mercurialized; but it seems entirely unnecessary to give it in the enormous doses (thirty grains in eight ounces of water, to which half an ounce of tincture of iodine is added, and a desert-spoonful three times a day) advised by Dr. Hempel.

In some cases, buboes constitute a vicarious manifestation of the syphilitic disease in place of chancre. They need therefore to be carefully treated with the appropriate anti-syphilitic (or it may be the anti-mercurial) remedy; and to be radically cured *by internal medication*, in order that the patient may not presently find his last state (of secondary syphilis) worse than the first.]

### **Mercurius corrosivus, Cinnabaris, Mercurius iodidum.**

These are the most prominent remedies for this complication; the first being principally required for *acute* bubo, the two latter being more efficacious in the *indolent* variety. The principal indications are, inflammatory swelling, redness and painful sensitiveness of the inguinal glands, with suppuration, or ulceration, quickly taking place.

**Acid nitric.** may be employed when MERCURIUS has failed to check the disorder, and particularly when the character of the CHANCRE points to this remedy

**Kali iodidum.** This is required for scrofulous patients, when neither of the former medicines seem to

relieve. It is indicated by the swelling being very *hard*, *indolent*, and suppurating with *difficulty*, the discharge being curdy, and often discolored and foul-smelling. It is also very useful when there is thickening of the spermatic cord, occurring in complicated cases.

**Apis mell.** is invaluable when the glands are violently inflamed, with red, hot, and shining swelling, accompanied with great pain and sensibility; this medicine very frequently is sufficient to check the bubo immediately, although *powerless* against the syphilitic virus itself; this, however, is not to be wondered at, as the bubo arises from *irritation*, caused by the absorption of the virus.

**Graphite** is requisite in debilitated individuals, particularly females, when the swelling is painful and very sensitive.

**Hepar sulph.; Silicea.** In suppuration of the gland, these two remedies will materially forward the process, and prevent the unsightly scars usually left at the termination of the process.

**Thuja.** Should the complaint be complicated with excrescences of the penis, or round the anus, the glands being painful, with drawing pains extending to the knee, this medicine will exercise a satisfactory influence.

**Arsenicum** is indispensable in the phagedenic and gangrenous form of the disease, attended with similar symptoms to those of gangrenous chancre. (*Vide* page 95.)

**Lachesis, Carbo veg.,** are frequently required, either singly or in alternation with ARSENICUM, particularly when the prostration is excessive, the parts extremely livid or mottled; or, in the case of the latter medicine, when comatose symptoms supervene.

## CONSTITUTIONAL SYPHILIS.

**ERYTHEMA.**—This complaint, attended with erosions of the mucous membrane, affects principally the interior of the mouth and fauces, constituting isolated, circumscribed, dark-red or copper-colored, slightly elevated, inflamed spots, especially on the back of the palate, tonsils, uvula, pharynx, and larynx. The mouth and fauces become hot, and the patient feels a difficulty of swallowing, with burning sensation in the fauces, hoarseness, and pain when talking, the mouth and throat feel very dry, and the whole interior of the mouth is of a bluish-red. In the centre of the intensely red spots are insulated erosions, forming smaller spots, of a grayish-white color. The mucous membrane of the nasal cavity and the sexual organs are simultaneously affected in the same way; and small tubercles arise upon a bright copper-colored base. These tubercles become eroded, and secrete a grayish, purulent, fetid fluid. In both sexes these erosions give rise to the formation of excrescences (condylomata.)

**TREATMENT.**—**Aurum** is very useful in ill-looking ulcerations of the mouth and nose, secreting fetid pus, or for scabs in the nose, provoking an inclination to pick it, as well as for swelling of the labia (in women), which are covered with large red pimples. This remedy is one of the most valuable when the disease is complicated with mercurial symptoms.

**Arsenicum** is requisite when the discharge is very offensive and corrosive, the ulcers liable to gangrenous degeneration.

**Kali iodidum.** For scrofulous subjects, with tendency to ulceration, and also with discharge of corrosive burning serum, and lancinating pains in the throat. This medicine is often required to combat mercurial symptoms, arising from ill-judged and excessive doses of that metal in this complaint.

**Mercurius.** Small and itching spots, which ulcerate and become encrusted, bleeding easily, and secreting purulent and fetid matter.

**Acid nitric.** Small, round ulcerations, bleeding easily, and attended with lacerinations as if from splinters.

**Sulphur.** In unhealthy patients, this remedy is very efficacious in completing the cure, after the employment of one of the before-mentioned medicines.

**TUBERCLES.** — Syphilitic tubercles are divided into three classes, viz., *cutaneous*, *mucous*, and *deep-seated*.

The *cutaneous* or flat kind are either single, or forming circular lines, and sometimes in groups or clusters; they frequently accompany mucous tubercles, and are found principally on the scrotum, penis, mons veneris, the perinæum, and round the anus, the inside of the thighs, and in the groin, the nape of the neck, the arm-pits, the hairy scalp, in the face, round the mouth, in the nostrils, on the forehead, between the toes, and along the nails, but seldom appear in more than two or three of these places at once, and the discharge from them is supposed to be contagious. They are of a bright-red copper-color, and almost always painless, and either assume a scaly form, or ulceration takes place, and they become covered with a hard crust, which, when detached, leaves a deep cicatrix.

*Mucous* tubercles occur most frequently in women and children, developing themselves on the mucous membrane of the female sexual parts, and in the mouth and fauces. They form flat, circumscribed elevations of the mucous membrane, which is engorged and thickened secreting a tenacious, purulent fluid of a peculiar and extremely offensive odor. Sometimes several of them unite, forming irregularly shaped elevations; the small ones, of the size of a millet-seed, are generally very humid, regularly rounded, forming truncated cones, being of a brighter red color in the centre than at the circumference, and frequently forming regularly shaped rings, especially on the glans, the inner surface of the cheeks and lips, and the tongue and roof of the mouth. The large *mucous* tubercles are raised about a line above the mucous membrane, forming oval, full, tense, flattened elevations of a bright-red color, covered with a thick grayish-white layer of epithelium. When these tubercles form on the lining membrane of the nose, their effects are most destructive; the intense irritation and itching causing the patient to believe he has caught cold, and consequently there is blowing of the nose, and perhaps scratching of the parts, which causes ulceration, liable, if not speedily stopped, to attack and destroy the whole surrounding parts, and even to endanger life by the implication of the bones, *no portion of which can be reproduced, if once destroyed*, causing the most frightful mutilations of the face. In these cases the mischief is aggravated by the acrid, corrosive, greenish, or bloody pus that is secreted from the diseased surface.

*Deep-seated* tubercles and ulcerations of the mucous membrane are always preceded by a tuberculous thick-

ening of the mucous membrane and adjacent cellular tissue. The ulcers penetrate frequently to a considerable depth, and are either isolated or in groups, with their bottoms covered with granulations, and, like the margins, covered with a grayish-yellow, creamy exudation. Their usual seats are the neighborhood of the glans and frænum, and the entrance to the vagina and uterus. If neglected, they may perforate the whole thickness of the vagina, and cause recto-vaginal or urethro-vaginal fistulæ; when they occur on the gums, tonsils, palate, or back of the fauces, at the glottis, or in the larynx, they may frequently terminate fatally.

TREATMENT.—These tubercles will generally yield to either ACID NITRIC. or MERCURIUS, although a few doses of ACONITE will be frequently required if febrile symptoms exist.

For MUCOUS tubercles, the remedies most frequently required will be, ARGENTI NIT., CALC., NITRIC ACID, PULS., THUJA.

When affecting principally the nose, ACID NIT., ACID PHOSPH., ARGENTI NIT., AURUM, CALC., KALI CARB., KREASOTUM, LYCOP., MERC. CORROS., PULS., RHUS, SEPIA, STAPHYSAGRIA, and THUJA.

For *deep-seated* tubercles, ARSEN., CARBO VEG., NATR. MUR., ZINC.

These remedies should be collated with the CHARACTERISTIC EFFECTS, at the end of this work, and the preceding observations on CHANCRE, &c.

**EPHELIDES, MACULÆ, Spots.** — Ephelides are extremely common, and appear very early, are generally



of a bright-red color, but occasionally are pale, coming out only in the cold, on the chest, neck, face, arms, inner side of the thighs, and the neighborhood of the genital organs; they resemble measles and roseola, but are distinguished from these by their persistence, measles disappearing after some days; they develop themselves slowly, and grow larger at certain periods, *e. g.*, after eating. If not cured before the ninth month from the time of their appearance, they assume the tuberculous, or scaly form.

TREATMENT. — The principal remedies are, ANTIMON. CRUD., ANTIM. TART., CANTH., MERC.; or AURUM, BELL., CALC., CLEMAT., LYCOP., MEZER., PETROL., PHOSPH. *Vide* the CHARACTERISTIC EFFECTS, at the end of this work.

**SQUAMÆ, Scaly Eruptions.** — These arise either from tubercles or spots, which change into large, irregularly shaped, confluent elevations, of a bright copper color, covered with hard, readily tearing scales of a dull white color; this affection usually is found in the hollow of the hand (*psoriasis palmaris*) and the soles of the feet (*psoriasis plantaris*); ulcers are very liable to arise from this form of syphilis.

TREATMENT. — The most appropriate remedies are, ACID NITRIC., ARSENICUM, HEPAR SULPH., KALI IOD., MERCURIUS. The indications for which will be found in the CHARACTERISTIC EFFECTS.

**RUPIA.** — Is frequently a sequel to PEMPHIGUS, (an affection similar to that produced by the action of a



blister on the skin,) or to ECTHYMA, (a pustular eruption;) although liable to break out, without any premonitory symptoms. In the former case it arises from not very tense blisters of a regularly round shape, about the size of a bean, and surrounded by a copper-colored areola; they stand upon a swollen indurated basis, and contain a dark-yellow purulent fluid, which generally changes to a brownish color; the pus dries up in the middle of the blister, and forms a small brown crust, around which the skin again arises in blisters, filled with a peculiar brownish-red, purulent fluid; the crusts gradually acquire a conical or pyramidal shape, sometimes increasing to an extraordinary size. They are never very numerous, and are limited from twelve to twenty, scattered over the whole body. The course of this affection is very tedious, and unless checked, the secretion of pus is very great, the digestive functions become impaired, the strength is gradually undermined, and colliquative diarrhœa announces the impending dissolution of the sufferer. SERPIGINOUS and PERFORATING tubercles are related to this form of syphilides; the former are large and hard, assuming a tolerable roundness; the latter exist only in small numbers, forming spheroidal rings on the skin, and penetrating to the subcutaneous cellular tissue, where they can be felt with the finger, as hard tumors. When these ulcerate, destruction of the skin is no unfrequent occurrence. They are generally found in scrofulous patients with a delicate white skin, and appear on the face, the cheeks, round the nose and lips, in front of the ear, and on the legs. SERPIGINOUS tubercles occur most frequently on the face, the nape of the neck, the head, forehead, shoulders, and

trunk. At first they have a bright, shining, copper-colored appearance, although never scaly; but afterwards they become inflamed, ulcerating at their points, and afterwards covered with a thick, hard, conical, brownish or yellowish-gray, firmly adhering crust.

**Mercurius.** Violent itching, renewed by the heat of the bed; small and very itchy pimples, which ulcerate and become encrusted; desquamation of the skin; tettery, excoriated, and oozing spots which bleed easily when scratched.

**Acid. nitricum.** Copper or violet-colored spots on the body; lancinations in the parts, with burning pain, and bleeding readily; sanious, sanguineous, or corrosive suppuration.

**Clematis.** Fungous excrescences; scabby tetter, which discharge a sanious pus, yellow and corrosive; burning or tingling, and pulsations in the parts; insupportable itching of the parts in the heat of the bed.

**Sarsaparilla.** When MERCURY, in large doses, has been fruitlessly employed, this remedy will remove purulent vesicles, not numerous, but itching intolerably, the irritation causing depression of spirits.

**Sulphur.** Scabious eruptions, with burning itching, surrounded by a yellow or brownish areola; secretion of a sanious, fetid, or thick and yellow pus; spots covered with small vesicles, discharging serous lymph.

**Thuja.** Brown or red mottled spots, with itching shootings in the evening; purulent pimples, containing fluid like varnish.

**ALOPECIA.**—General or partial falling off of the hair, with furfuraceous desquamations, especially on the

head, spreading and coalescing. It arises gradually, the hair coming off when combed, or when pulled, exposing spots of a white or reddish shining hue; finally, the whole cutaneous covering is involved, and every vestige of hair disappears, the skin being covered with thin, whitish or bright-yellow scales, which form anew if removed. Alopecia is, nevertheless, more a *symptom* than a *disease* in itself, and may arise during the course of many other complaints; consequently, the history of the patient's case must be well considered, and measures adopted for the eradication of the syphilitic disease, before this affection can be possibly relieved, the cure of the one being generally followed by the removal of the other.

TREATMENT. — MERCURIUS, HEPAR, and CARBO VEG. are the principal remedies to be trusted in the syphilitic form of the complaint, but other remedies may be required, regard being had to the other symptoms which always accompany it. (*Vide* CHARACTERISTIC EFFECTS of the medicines.)

**IRITIS SYPHILITICA, Inflammation of the Iris.** — This disease, which seldom affects but one eye, is distinguished from the ordinary inflammation of this part by the presence of tubercles on the anterior surface of the iris. IRITIS may be generally known in its first stage by the presence of a circular ring of injected blood-vessels round the cornea, with distortion of the pupil (generally), which gradually contracts, and, if not speedily arrested, terminates in total and incurable closure. The iris becomes discolored, the cornea dim and hazy, nocturnal pains are felt in the head, and the intolerance of

light is great; as the complaint progresses, the sclerotic (white part of the eye) becomes of a rosy color, the vessels being greatly enlarged and injected; there are dull, pressive pains in the eye, with profuse secretion of tears; the sight is also obscured and misty, the iris becomes more and more discolored, and is generally of a dirty-red hue, and exudation takes place upon its surface, in proportion to the severity of the complaint; its free margin is swollen and thickened, and in very severe cases becomes attached to the anterior surface of the crystalline lens, (SYNECHIA POSTERIOR,) which, instead of presenting a black appearance, is of a grayish color; the pupil becomes sensitive to light, immovable, contracted, and distorted, whilst pedunculated excrescences, termed condylomata of the iris, grow from its inner circumference. The pains in the head and eye, of a constrictive boring nature, extending to the surrounding parts, becoming worse towards evening, coupled with the malaise produced by the general disease, deprive the patient almost entirely of rest. Towards the termination of the complaint, pus, or pus mixed with blood, is often found in the anterior chamber of the eye, and can be observed when the cornea is not too dim.

TREATMENT.—This disease, if not properly treated, is very apt to produce serious disorganization of the structure of the eye, with complete closure of the pupil, almost irremediable, if it has existed *only* a short time; whilst adhesions to the cornea or capsule of the lens are utterly incurable, if not speedily relieved, and cause more or less disfigurement of the eye. It is very essential to determine whether the patient has been previously under a course of mercurial preparations, as these, inju-

diciously given, have a tendency to excite the complaint in persons subject to weak eyes. In these cases, the antidotes to MERCURY are to be used, as directed below. Rest and confinement to a dark room, with total abstinence from any work that might strain the eye, are absolutely necessary

**TREATMENT.**—MERCURIUS CORROS. and CINNABARIS are the two principal remedies, the latter being used for *scrofulous* subjects. They should be employed when the sclerotic presents the characteristic rosy circle round the cornea, the pain being burning and cutting, with profuse lachrymation, the cornea becoming dim, and the iris showing signs of discoloration and contraction; and in severer cases, when there is danger of exudation or the formation of pus.

It will be necessary to watch carefully the effects of the medicine in this disease, and to change it if necessary, should the affection progress, as the further it advances the more difficult is the recovery.

**Belladonna.** This remedy must be resorted to (*as a palliative*) should the contraction of the pupil not yield to the apparently well-chosen remedy, and is often imperatively necessary in neglected cases, when the pupil has almost closed.

**Acid nitric** is to be substituted for MERCURIUS should the symptoms have arisen from abuse of that medicine, or the general symptoms point to its employment.

**Thuja** is requisite, either singly or in conjunction with ACID NIT., when tubercles or small warts appear on the iris.

**Aurum** is very useful in mercurial iritis, and is pre-

ferable to ACID NIT. when the moral symptoms, such as great dejectedness, tremulous fearfulness, or a desire to commit suicide, preponderate.

**Hepar sulph.** is required when pus is formed (HYPO-PION), or when mercurial symptoms are present.

[The principal remedies in *Iritis syphilitica*, are *Merc. sub. corros.*, *Nitric acid*, and *Thuja*.]

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## TERTIARY SYPHILIS.

### GUMMATA SYPHILITICA, Gummatose Tumors.—

The skin, subcutaneous or interstitial cellular tissue, and the mucous membrane are the principal seats of this affection, which is tedious in its progress and liable to relapses; it belongs to the remotest stage of constitutional syphilis. Appearing as hard, round, or pea-shaped swellings under the skin, and increasing slowly in size, they take months to attain the size of a small nut, and are usually disposed in rows of four or six together, like beads, adhering by their upper surface to the skin, although they can be moved over the subjacent parts. After remaining hard a long time, they become soft, pus forms in the centre of the tumor, which, adhering to the surrounding parts, is enclosed as in a cyst; the skin over the swelling now assumes a bluish, copper color, becomes thin, and finally gives way; an ulcer is formed with suspicious-looking edges, secreting a fetid ichor. When these occur on the tongue, they are liable to be mistaken for scirrhus or cancer; the part becomes hard and knotty,



and in talking or chewing its free motion is greatly impeded, but the absence of shooting pains and a reddish appearance of the iris, the invariable accompaniments of cancer, will suffice to distinguish them from that terrible complaint.

**TREATMENT.**—The following remedies will be found the most appropriate:—**MEZEREUM**, **PLUMBUM**, **STRAMONIUM**, **RUTA**, **ACID PHOSPH.**, **CALC.**, **GRAPHITE**. (*Vide* **CHARACTERISTIC EFFECTS**, at the end of this work.)

**Belladonna** will be found very useful when any inflammatory symptom is present.

**Arsenicum**, when the swelling is livid, with acrid, offensive discharge.

**Carbo**, in similar cases, with burning pains, cachectic constitution, and profuse unhealthy discharge.

**Cinchona**, for debilitated subjects, with discharge of pus and great torpor of the parts.

**Mercurius** is very needful in hard, indurated swellings, with unhealthy skin, or when attended with restlessness and pains in the bones.

**Aurum**, when there are symptoms of mercurial complication, or in severe cases which **MERCURY** has failed to relieve.

**ORCHITIS SYPHILITICA, Sarcocoele Syphilitica, Syphilitic Swelling of the Testes.**—This disease constitutes one of the first and most frequent symptoms of tertiary syphilis. It rarely affects but one testicle, and it is only in a few cases that premonitory symptoms occur; these consist of acute boring pain in the loins, usually at night, or there is painful pressure in the re-



gion of the kidneys, and sometimes a sensation as if a knife were thrust through the flesh. Even when swelling of the testicle takes place, the patient is seldom aware of it. On examination we find one or more indurated nodes, and on pressure a small spot that is harder and less elastic than the other parts. The induration often spreads round about like a circular belt (cirsocele), or in other cases the hardness is only partial, but gradually spreads till the whole testicle becomes involved. When there are no complications, and the disease runs a regular course, the epididymis remains unaltered for a considerable period, and can be clearly distinguished from the testicle proper, which seldom or never swells at all, and then only within certain limits. This disease is very regular in its progression, the testicle preserves its pear-shaped form, but feels harder than the other; even the inequalities we discover with the finger preserve a certain regularity, constituting a progressive series of circular indurations as soon as the swelling has reached three or four times the original size of the testicle. Should it attain a large size, it will often lose the sensibility it possesses in its normal shape. In these cases the epididymis, though not morbidly altered, is no longer perceptible. The swelling is now hard, firm, and inelastic, pressure with the finger conveying the sensation of a massive fibro-cartilaginous, inelastic texture. Occasionally it is associated with hydrocele of the tunica vaginalis, without any fever or general derangement of the functions.

When the internal structure of the testicle is disorganized, the seminal secretion gradually ceases, as well as the erections, which finally disappear altogether

Although this complaint may last for months, or even years, it never terminates in suppuration, nor does it transgress certain limits. Resolution either takes place spontaneously or in consequence of adequate treatment; but sometimes it happens that a diminution takes place, which progresses till the entire testicle disappears; it will also happen that the swelling will change to a fibrous, cartilaginous, or even osseous, tumor. This disease is developed not only from syphilitic infection, but also from injuries, excessive sexual indulgence, exercises having an irritating or exciting influence upon the testicles, or from gonorrhœa contracted during the course of secondary syphilis. If syphilis is complicated with a cancerous or scrofulous diathesis, this complaint is very easily developed. It is also found complicated with all sorts of disorganizations, such as varicocele, hydrocele, orchitis gonorrhœica, cysts, and hydatids.

**TREATMENT.**—In this disease, as in many others having a syphilitic origin, it will be highly necessary to study the whole history of the case previous to selecting any remedy, as it will be often very difficult to choose the appropriate medicine. The following remedies are very efficacious in the various phases of the disease.

**Arsenicum, Cinchona, Acid phosph., Plumbum,** are particularly indicated if the general constitution seems to be broken down, or the disease has been aggravated by excess.

**Belladonna,** if symptoms of inflammatory congestion develop themselves in the tumor.

**Clematis, Copaiba, Mercurius, Pulsatilla,** when gonorrhœa was the immediate cause of the disease, or at any rate had complicated or aggravated it.

**Graphite, Conium, Lycopodium, Belladonna**, when the disease is complicated with general scrofulous glandular swellings, chronic eruptions, or from the suppression of the latter by improper applications.

The other remedies which can be consulted with advantage are *Aurum, Calc., Carbo veg., Kali carb., Spongia*; or, *Acid nitricum, Barytæ carb., Mercurius, Mezer., Rhododendron, Rhus tox.* (*Vide* CHARACTERISTIC EFFECTS.

**OSTITIS; PERIOSTITIS.**—The tertiary syphilitic affections of the bones may be divided into four stages: PERIOSTITIS, or inflammation of the membrane covering the bone; OSTITIS, or inflammation of the bone itself; EXOSTOSIS, a bony tumor protruding from the bone; and CARIES, with NECROSIS, rottenness, and total death of the affected part. Syphilitic bone-pains may affect any portion of the osseous tissue, either superficial or deep-seated, in the flat or long bones, and in the periosteum; it is, however, in the superficial portions that they occur most frequently. These pains may occur ten or twenty years after the contraction of the disease, during changes in the weather. They are always aggravated towards night, and when the patient is warm in bed. RICORD says that among the rich who spend the summer in the country and the winter in town, the pains are more felt at night in the summer, and in the daytime in winter. In most cases, if the patient goes to bed in the evening, the pains commence about 11 o'clock, and continue until 2 or 3 o'clock the next morning. They commence with a disagreeable sensitiveness, which gradually increases to a pain, until it finally changes to a frightful torture.

This pain is always seated in one spot, and reappears constantly in the same place. The least pressure causes an aggravation, which is not the case with a simple rheumatic pain. These pains are very often the precursory symptoms of material changes in the bones, terminating in PERIOSTITIS. After these pains have continued for some length of time, alterations in the tissue of the periosteum begin to develop themselves. It becomes inflamed, and exudations become distinctly perceptible when pressing on the part. The exuded matter is yellowish at first, of a gelatinous consistence, and, after a while, changes to a reddish or brownish fluid, mixed with extravasated blood.

PERIOSTITIS generally appears in the region where the pain has been felt. A rather circumscribed swelling appears at this place, with its base firmly adherent to the subjacent bone, the skin over this swelling being movable and its color unaltered. Gradually the swelling increases to the size of a pigeon's or hen's egg, being rather firm at first, and does not fluctuate; but when pressed upon does not impart the sensation of a resisting bone. If no suitable treatment is instituted, osseous degeneration (*vide* Exostosis, p. 119) may take place. OSTITIS is characterized by pain more or less severe, attended with swelling and redness of the surrounding tissue. The presence of fever depends greatly on the state of the patient's health, and is generally worse, in conjunction with the pain, towards evening. If not speedily checked, it will most likely terminate in caries or suppuration of the spongy portion of the bone.

[It should be remembered that, with scarcely an exception, both PERIOSTITIS and EXOSTOSIS result from the previous exhibition of large doses of Mercury.

In many of these cases, *very high potencies of Mercurius* may be found useful; in others, the best indicated antidote to Mercury should be selected, especial reference being made to the particular part of the system affected: for the remedy which would remove a difficulty of either kind (peri- or exostosis) on the long bones might not avail on the skull.]

**TREATMENT.**—**MERCURIUS** is the principal remedy in the first stage of the disease, provided that it has not been previously used to excess.

**Kali iodidum** is to be preferred when **MERCURY** has been taken in large quantities, or the disease has arisen from the abuse of that remedy.

**Acid nitric.** is recommended when **MERCURIUS** does not succeed, although apparently well indicated.

**Lachesis** is very useful when mercurial preparations have been abused, or that medicine proves ineffectual with lividity of the skin, and great tenderness on pressure.

**Mezereum, Staphysagria**, may be employed when the part where the pain is located feels sore, as if ulcerated.

**Arsenicum, Calc. carb., Phosphorus, Sulphur**, in cases where there is great debility or tendency to scrofula.

The following remedies are also worthy of attention:—**ACID FLUORIC., ACID PHOSPH., CAUST., KALI CARB., LYCOPodium, NATR. MUR., PLATINA, PLUMBUM, PETROL., PULSAT., RHODOD.** (*Vide* **CHARACTERISTIC INDICATIONS.**

**EXOSTOSIS.**—This term is applied to any unnatural protuberance on a bone, constituting a tumor, inelastic, immovable, hard, and bony to the touch; seated on the substance of a bone, it is sometimes composed of bony spiculæ, resembling crystallizations; at others it is exquisitely hard and smooth, resembling ivory. Although very rough at first, the older it becomes the smoother and more polished form does it assume. They are found in various shapes; round, knotty, fusiform, or even pedunculated.

It occasionally happens that the exudation takes place in the interior of the bones (**ENOSTOSIS**), in which case the part assumes a very hard consistence, like ivory, and the cavity of the bone is often obliterated, whilst its diameter is materially increased. In the syphilitic varieties of this disease, **PERIOSTITIS** is always the precursor. Directly the bone begins to swell, the pains commence to subside; but the patient is variously incommoded according to the seat of the disease; locomotion being impeded when occurring on the legs or feet, or paralysis may be induced if the morbid growth invades the inner portion of the skull.

**TREATMENT.**—**MERCURIUS** is here again one of the principal remedies, and is to be employed at the outset, when the swelling commences to form, and the pains in the bones are very violent towards night.

**Acid nitricum** should be substituted for **MERCURIUS** when that remedy has been taken to excess, or does not appear to influence the complaint. The pains indicating this medicine are generally drawing and pressing, particularly in the bones of the head.

**Silicea** is very useful in swelling of the bones, espe-



cially of the lower jaw, or when the spine is swollen and distorted.

**Staphysagria**, when the patient is debilitated, and suffers from swelling of the bones of the face and feet.

**Aurum**, in cases of mercurial poisoning, or when the head and face are the chief seats of the disorder. It is very useful when the nose is implicated.\*

**Mezereum** is to be given when the disease is preceded by pains aggravated by touch, and principally seated in the bones of the face, thighs and legs.

**Ruta**, often required in alternation with the latter remedy, is invaluable in those cases where the premonitory pains partake of a contusive character, and there are burning, gnawing pains in the bones of the legs, feet, or head.

**Sabina** is very efficacious when the disease affects the hollow bones, and more remotely those of the hands and feet. The pain is generally lancinating, or drawing, and tearing.

**Asafœtida**, **Phosphorus**. In affections of the long, hollow bones, attended with numbness, these two remedies, either singly or in alternation, are frequently required, particularly for cachectic subjects.

**Kali iodidum** in scrofulous cases, and particularly when complicated with mercurial disease.

[For *bone-pains*, *ostitis* and *periostitis*, Jahr advises *Mez.*, *Phosph.*, *Staph.*, *Phos. ac.*, *Nit. acid*, *Aurum*, *Guaiacum*.

For *swelling of bones*, *periostoses*, *exostoses*—*Aurum*, *Fluoric acid*, *Phosph.*, *Staph.*, *Mez.*, (*Calc. c.*) *Silic.*, *Sulph.*, *Phos. acid*.

\* Jahr gives AURUM in the third trituration, one half a grain every four days.



The *osteocopus nocturnus*, or *mercurio-syphilitic bone-pains at night*, are often relieved by large doses of *Kali iodidum*, in solution, when nothing else will. Sometimes these pains seem to be rheumatic in their nature; always they are worse in damp and wet weather. Ten or even fifteen-grain doses afford very strongly marked relief to sufferings, which, resulting from the combined influences of syphilis and mercurial drugging in a scrofulous constitution, no earthly medication can entirely remove. I have used grain doses of the first trituration of this drug in such cases with great benefit.]

**CARIES AND NECROSIS.** — Another of the remote forms of the syphilitic process, unfrequently met with, but extremely pernicious, is **CARIES**, which invades the bones, after overlooked or badly treated syphilitic inflammation of the parts. It is principally the bones of the head, the leg-bones (tibia), the breast-bone (sternum), palate, and bones of the nose that are liable to be implicated. When the bones of the skull are affected, the greatest danger exists, as, should they be destroyed, their reproduction is impossible. **CARIES** manifests itself by obtuse pains deep seated in the bones, the superincumbent integuments being discolored, flabby, and tender to the touch; ulceration of the soft parts then commences, and ichor, thin, acrid, and dark-colored, flows from sinuses in communication with the caries. The diseased part presents varied appearances, according to the nature and type of the complaint. Sometimes the bone is full of small holes (**WORM-EATEN CARIES**), or is soft and moist; or, at other times, it is dry, brittle, and of a grayish-white color. When **NECROSIS** (death of the bone) takes

place, the pain is extremely violent and deep-seated; an abscess soon forms over the affected part, which bursts, and fistulæ open which will not heal till the dead portion of the bone is removed; when the abscess bursts, coagulable lymph is effused round the bone, which, in conjunction with the œdematous condition of the cellular membrane, forms a swelling of a hard, unyielding character.

**TREATMENT.**—**SILICEA** is one of the most prominent remedies in these diseases, and is to be employed when the abscess is formed, and the pus is thick, dark colored, and offensive. It is invaluable when the dead portion of the bone is still adherent to the living part (second stage), or when it becomes loose (third stage), and the discharge of pus and ichor is excessive.

**Hepar sulph.** is often required when there is putrid ulceration or discharge, smelling like decayed cheese. It is especially useful when the bones of the face are implicated.

**Lycopodium** is useful, *as an intermediate remedy*, when the discharge is of a bright lemon-yellow color.

**Aurum, Acid nit.** These two are specially indicated when the bones of the nose are implicated. **AURUM** is requisite when there is nasal speech, the bones of the nose, os frontis, and upper jaw swollen and reddened, with discharge of stinking ichor and small pieces of bone, ulcers on the palate, and offensive discharge from the ears, and rending pains in the bones of the extremities.

**Acid nit.** is more useful when the patient suffers from previous mercurial treatment, or when there is inflammation and painful sensitiveness of the bones, with sanious and corrosive discharge,

**Belladonna** is required as a *palliative* when the skin assumes an erysipelatous appearance, with thirst and fever.

**Phosphorus** is needed, sometimes in conjunction with **MERCURIUS** or **STAPHYSAGRIA**, when the bones of the **FACE**, and particularly the jaw, are affected. There is always great pain and swelling of the parts, with exfoliation of pieces of the bone. In patients of a scrofulous habit, one or other of these remedies is almost always requisite.

**Mezereum**, **Asafoetida**, are principally required when the **SHIN-BONES** are affected, and there is pain, swelling, and softening of the bones, with serous, fetid, and sanguineous suppuration.

**Acid fluoric.** This remedy, which appears to exercise a great influence on diseases of the bones in general, is very useful when the pains are burning and intermittent, with discharge of thin, acrid ichor, and great swelling about the diseased part, *caries of the temporal bone*. *Caries* from syphilis or mercury. [*After abuse of Silicea.*]

**Arsenicum** is of great use in very debilitated cases, and when the **ANTRUM HIGHMORIANUM** (the cavity in the upper jaw) is affected, with insupportable burning pain, and great depression of the vital powers.

**Calcarea, Sulphur.** In scrofulous subjects these remedies will be frequently required, particularly when the medicine, although apparently well indicated, does not seem to exercise any appreciable effect.

Should the disease increase in spite of the means employed, and serious irritation of the system set in, an operation for the removal of the part is indispensably necessary.

**CACHEXIA SYPHILITICA.**—This is one of the remotest forms of constitutional syphilis, and is a diseased state in which the whole habit of body is manifestly altered. After having first attacked the skin and mucous membrane, then the serous membranes and the bones and muscles, the virus at last invades the fleshy organs, the lungs, liver, spleen, kidneys, and even the heart and brain. The general symptoms of this disorder (but recently attributed to its real cause) are the following: The skin becomes sallow, yellowish, or livid; the muscles waste; the strength fails; sight and hearing gradually diminish; and the patient experiences violent palpitation of the heart, and chlorotic symptoms. Should the liver be more particularly affected, jaundice sets in, which may lead to suppuration of this organ, and finally to dangerous inflammation of the peritoneum. When the blood and blood-vessels are invaded, remittent fever, sanguineous extravasations under the skin, scurvy, and effusions of blood in the lungs and intestines, &c., supervene, followed by general dropsy. RICORD adds his testimony to HAHNEMANN'S observations on latent syphilis, when he advises an antisymphilitic treatment to be instituted for inexplicable, deep-seated, mysterious, disguised derangement of the functions, even when there is no reason to suppose that the mischief arises from syphilitic taint.

The symptoms of this complaint are so numerous, and vary so much with the patient's idiosyncrasy, that only the principal remedies can be indicated. It is also necessary to observe that those remedies which are mentioned for particular isolated symptoms, and not being of that

class which are *curative* in syphilis proper, are only palliative, and are not to be depended on for the eradication of the complaint.

[It is important that the practitioner remember in all these cases that his patients need not only the best possible medication, but also (and if possible still more) the best possible adaptation of external influences. A dry climate is indispensable. No physician need expect to see a patient suffering under general syphilitic cachexia, combined, as this usually if not always and invariably is, with mercurial demoralization of his constitution, improve in any perceptible manner, unless he is favored by residence in a dry and warm climate, and unless, also, he is supplied with suitable diet, and freedom from anxious cares. In many such cases advice is of vastly more consequence than medicine; and at any rate the latter without the former will do no good. Pure air, a dry, warm climate, suitable food, and other accessories to a careful and strictly homœopathic medication (and if this latter be confined to the administration at long intervals of single doses of the highest potencies, so much the better) will sometimes do wonders in such cases. But both physician and patient must "learn to labor and to wait;" they must be both patient and persevering.]

TREATMENT.—MERCURIUS is one of the principal remedies, and can be employed when there is emaciation and atrophy of the whole body, with slow or hectic fever; swelling and hardness of the liver, with complete jaundice; or for *circular* ulcerations in the skin, mouth, and throat, and d'sorganization of the tonsils; livid,

sallow, or copper color of the skin; pains in the bones, and urine depositing a whitish or purulent sediment; sensation of indescribable malaise; low spirits; peevish, irritable temper.

**Acid nitricum** is indicated where there are signs of general decomposition of the fluids, with scorbutic symptoms in the mouth and salivation, the gums being ulcerated and bleeding; falling off of the hair, and ulcerated soreness of the scalp; difficulty of hearing and smelling, the nose being ulcerated, with yellow, fetid discharge; the larynx being dry, producing hoarseness, frequently accompanied with cough and expectoration of coagulated blood; general indisposition, and feeling tired of life; fits of anguish, accompanied with palpitation of the heart.

**Arsenicum.** In desperate cases, in which there is rapid emaciation and debility, the disease showing a malignant disposition, there being dropsical effusion of the whole body, trembling of the limbs, on which are malignant ulcerations with acrid discharge, and often fetid or exhausting bloody diarrhoea with continual urging, the skin being livid or covered with scales. It is also very useful in those cases where there is an indescribable feeling of illness with no particular symptoms, but where there is evidence of serious, though unseen, mischief. The moral symptoms are generally either melancholic and sad, or there is great restlessness and anguish, with fear of death, and excessive sensitiveness.

**Cinchona** is very useful when there is a tendency to jaundice, with yellow color of the skin, great depression and debility, with tendency to dropsy, and attended with heat and chills; the head is confused, and there is indisposition to work; the spirits are low, with sadness and



hopelessness, and often attended with great nervous irritation.

**Carbo veg.** is requisite when the digestive organs are impaired, with acidity of the stomach and great flatulence, the skin being yellowish, and there are shooting pains in the liver and spleen, and often when there is palpitation of the heart; the patient complains of lassitude and great weariness, his intellects are clouded, dull and confused, and his temper irritable and impatient.

This remedy is very important in rousing the dormant energies, and developing symptoms which before were *masked*, and which are valuable and often indispensable to the proper selection of the appropriate remedy.

**Phosphorus, Acid Phosph.** These remedies are very useful when the skin, bones and lungs are invaded; when there is dry cough with or without sanguineous expectoration, heat in the chest, and a tendency to consumption; or for affections of the ends of the long bones of the jaw, with nocturnal burning pains, and threatening caries; or in inveterate ulceration of the skin, with secretion of bad pus, and burning, stinging pain in the parts. There is also a feeling of weakness, as if proceeding from the loss of animal fluids.

**Sulphur.** In obstinate affections of the skin, attended with bleeding of the gums, salivation, rheumatic pains in the limbs, small ulcerations on the leg, and disturbance of the functions of the liver and stomach.

**Plumbum** is very useful for general emaciation, attended with hectic fever, paleness and flabbiness of the muscles, and great debility, and also when there is palpitation of the heart and difficulty of breathing.

**Kali iodidum, Hepar sulphur.** These remedies are



required in scrofulous cases, where the system is in bad condition, and there is reason to fear mercurial complication; they are especially useful in ulcerations and effusions of fluid into the cellular tissue, or when abscesses threaten; and in induration of the liver they will often procure speedy resolution.

The other remedies that may be consulted with advantage are CALC., IOD., KALI CARB., LYCOP., SEPIA, and THUJA. (*Vide* CHARACTERISTIC EFFECTS.)

**SYPHILIS OF LITTLE CHILDREN.** Constitutional syphilis can be transmitted by the father or mother to the fœtus, but infants are seldom infected during the passage through the vagina; for the first three weeks a child so infected seems robust and healthy, but afterwards the first signs of the disease make their appearance. The little patient is uneasy, and cries continually, emaciating very rapidly, and looking old and withered. [In some cases the infants look *old and withered from birth*; they never increase in weight, but grow lighter till they die, in the course of three or four months, or less. Such cases no medication can save; nor indeed is it desirable that such diseased persons should grow up.—Note by EDITOR.] The eyes being deeply sunk; circumscribed spots, of a bright copper color, rising speedily above the skin, in the shape of blotches, and sometimes running together, appear in the region of the sexual organs, in the groins, on the thighs, buttocks, heels, soles of the feet, round the anus, about the navel, and sometimes over the whole skin. Soon after, the palms of the hands are likewise invaded, and simultaneously a papulous eruption, which afterwards changes to small, dirty, yellowish pus-

tules, surrounded by a broad areola, breaks out on the chest, back, face, and the hairy scalp. Tuberculous elevations start up on the inflamed portions of the feet, hands and anus. Sometimes these eruptions disappear without any medical treatment, but oftener superficial ulcers show themselves in the corners of the mouth, and in the nose, from which flows a discharge, which at first looks like catarrh. This discharge gradually increases; the margins of the eyes and the meibomian glands become inflamed and suppurate; the voice sounds hoarse, feeble, and moaning; the breathing is accompanied with slight rattling, and —the nose being stopped by crusts — is performed through the mouth; the ulcers deepen and extend, their edges being raised, and suppuration takes place. Ulceration likewise affects the fauces, rendering deglutition painful and difficult; should the disease still progress, acute tuberculosis of the brain is apt to arise; but should it escape this evil, anæmia slowly supervenes, and the child dies.

**TREATMENT.**—The first and most important rule for treating children infected with this disease, is to remove them from the mother or nurse who is suffering from the same complaint. Should this be found impossible, the sick mother or nurse must be treated simultaneously and with the same remedies as the child. Cleanliness is indispensable, as well as the use of tepid baths every day, and the patients should be kept in a rather elevated temperature. The child is to be treated according to the symptoms manifested, in the manner prescribed in treating of syphilis. Should a mercurial preparation be required, the use of CINNABARIS (MERCURIUS BISULPH.), or MERC. PRÆCIP. RUB., is to be preferred to the other forms of the medicine.

## SYCOSIS.

THIS is a disease distinct from SYPHILIS in its manifestations, and partaking of a different character, although arising from impure connection. Although liable to be *suppressed* by the violent means used to remove its external signs, it never produces such ravages upon the constitution. It consists of excrescences resembling warts, sometimes dry, but generally soft, spongy, and similar to cauliflowers or cocks-combs. A fetid fluid is secreted from them, and they are liable to bleed upon the least irritation. At the same time there is usually a painless, thick, and purulent discharge from the urethra, and the penis is more or less indurated; attended with swelling of the lymphatic glands on its dorsum.

When badly treated, either by MERCURY or other remedies having no relation to the disease, analogous excrescences arise on various parts of the body, sometimes consisting of white, flat, spongy elevations, seated in the mouth, lips, tongue, or fauces; or of large, prominent, brownish tubercles, situated in the armpit, or the neck and scalp; or again, retraction of the flexor tendons, particularly of the fingers, will often supervene.

[CONDYLOMATA or FIG-WARTS appear in connection with gonorrhœa; or with syphilis; or by themselves. To this independent affection the term *Sycosis* is applied by Hahnemann. He uses the term differently from ordinary allopathic writers, who principally apply it to a peculiar fig-shaped eruption on the chin. *Sycosis Menti*.

Fig-warts grow about the genitals and anus, at the junction of the external skin with the mucous membrane: they may be flat; conical; growing on a pedicle, or small stem; or appear like a cocks-comb. They are dry, or exude a slimy, acrid, badly-smelling and *contagious* fluid.

In syphilitic condylomata, the principal remedies are, *Thuja*, *Nitric acid*, and *Cinnabar*.

Moist, itching condylomata, *Psorin*.]

TREATMENT.—It is much to be recommended that no *external* application should be applied to the warts, as, in such instances, we are unable to judge of the effects of the internal remedy, and whether the disease is really yielding to the means applied, as it is easier to *suppress* than to cure this affection.

**Thuja.** This remedy, in simple, uncomplicated cases, will generally suffice to entirely remove the symptoms; should, however, the patient have been previously drugged with MERCURY, ACID NITRIC. will be required, either singly or in alternation. In sycotic buboes these two remedies are also of great service, although STAPHYSAGRIA, SULPHUR, or MERCURIUS may be required.

[This is the principal remedy in condylomata; and it is suited to each of the three varieties, of simple or uncomplicated, gonorrhœal, and syphilitic sycosis, or fungoid syphilis. The thirtieth, and still higher potencies have proved remarkably efficacious.

According to Jahr, “the chief sphere of action of this remedy, and the modifications of the chancre virus that are described as *idiopathic condylomata*, *mucous tubercles*, and *sycotic excrescences*,” also in “mucous tubercles on the labia, at the anus, in the corners of the mouth, on

the alæ nasi, eye-lids, and nipples ; especially in the case of women and children."

A gonorrhœal patient of my own, an hostler, had large and abundant condylomata on the prepuce, of long standing and very troublesome. I gave him a small vial of mother tincture of Thuja ; from this he made a single application externally, and broke the vial in his pocket before he made another. But all the fig-warts had disappeared, in the course of a week or two, when he came to report ; and they did not return.

EUPHRASIA. — Tincture, externally applied, with success, by Müller, of Leipzig, in broad condylomata *in ano* — when *Thuja*, *Nit. acid*, and *Cinnabar*. had proved inefficient.

Rückert, Therapeutics, p. 401, mentions two cases of fig-warts cured by its external and internal use.

In moist, suppurating fig-warts, Euphrasia is mentioned among other remedies, by *Raue*, p. 390.]

[NITRIC ACID. Has cured "dry pedicular excrescences on the foreskin, and in the furrow behind the glans, which were almost an inch in length. The whole glans, the inner surface and the margin of the foreskin were bordered with innumerable excrescences, looking like raw flesh, from the size of a pin's head to that of a hazle-nut, bleeding and secreting when touched ever so lightly, and exuding a purulent matter of a disgusting, sweet odor." Nitric acid is affirmed by Jahr to be the chief remedy in syphilitic condylomata. The pus, which is secreted in large quantity, is corrosive, smells like brine, and causes a furious itching. It is indicated still more strongly in mercurialized patients ; and where

buboes are present. Also in flat fig-warts ; in those complicated with gonorrhœa ; and in mucous tubercles, or fungoid syphilis.]

**Mercurius.** This medicine is only to be employed when the case is complicated with syphilis, and is very frequently required to be alternated with SULPHUR. The indications for these remedies will be found fully set forth in the article on "Syphilis."

In the secondary stage, when THUJA and ACID NITRIC have failed in relieving the patient, in consequence of complications with some dyscrasia, the following remedies may be consulted with advantage :

**Sulphur** is very useful when the sore throat, enlargement and ulceration of the tonsils, hoarseness, stains on the skin, or scaly spots have not yielded to the former remedies ; it is especially indicated when shooting pains are experienced in the joints, the flexor tendons of the fingers retracted, the lips tumefied, and the tongue red, rough, and fissured.

[Cocks-comb-shaped, soft, spongy, readily-bleeding excrescences on the corona glandis ; moist warts and condylomata on the hard swollen labium.]

**Lycopodium** can be employed for superficial whitish ulcerations of the tonsils, the tongue being fissured and covered, together with the interior of the mouth, with a scaly eruption. Lycop.<sup>200</sup>, has cured condylomata on the penis.

**Staphysagria.** This remedy is of great service for moist and soft excrescences, the gums being soft, swollen, and spongy ; and for dry, or cocks-comb-shaped fig-warts and mucous tubercles.



**Sabina** is very useful for large, moist and *painful* warts, even when free from contact.

**Acid Phosph.** has been recommended for old warts which have been only slightly benefited by previous treatment; and in mercurial syphilis with condylomata.

**Cinnabaris.** In old and complicated cases, with enlargement of the tongue, and swelling and ulceration of the tonsils, with other symptoms *apparently* indicating the presence of syphilis, to which this complaint *sometimes* bears a resemblance, this remedy is often of efficient service.

[From *Raue's Pathology and Therapeutics*, p. 390, we take the following therapeutic hints:

*Fig-warts* complicated with *gonorrhœa*, require : *Thuja*, *Merc. corros.*, *Cinnabar.*, *Nit. acid*, *Sulphur*, *Lycopodium*.

When complicated with *chancre* ; *Cinnab.*, *Nit. acid*, *Phosph. acid*, *Staph.*, *Thuja*.

When *flat* ; *Magn.*, *Nit. acid*, (*Sabina.*)

When *exuberant*, like cauliflowers ; *Thuja*, *Staph.*

When *fan-shaped* ; *Cinnabar.*

When *pediculated* ; *Lycop.*, *Nit. acid*.

When *conical* ; *Merc. sol.*

When *dry* ; *Thuja*, *Staph.*, *Merc. sol.*, *Merc. sub. corr.*, *Nit. acid*, *Lycop.*

When *moist*, *suppurating* ; *Nit. acid.*, *Thuja*, *Sulphur*, *Euphrasia*.

When *soft*, *spongy* ; *Sulphur*.

When intolerably burning and itching ; *Sabina.*]



## NON-SYPHILITIC DISEASES.

**SPERMATORRHŒA; Involuntary Seminal Emissions.**—This disease consists of an involuntary discharge of semen, taking place either during stool, on emission of urine, sudden movements, or on the least lascivious excitement.

It may occur at night when dreaming, or frequently towards morning; when lying on the back, or sleeping on the sofa. When the semen escapes with the urine during micturition, without erection, and the patient is unaware of the circumstance, the most disastrous consequences are likely to ensue; and it is by far the most dangerous form of the complaint. It results generally from sexual excesses, and particularly from long-continued masturbation; but it may likewise arise from chronic gonorrhœa, the use of irritating injections, stricture of the urethra, morbid conditions of the rectum inducing straining at stool, excessive abstemiousness from connection, diseases of the cerebellum and spinal marrow, excessive length of the prepuce causing an inflammation of the surface of the glans, the use of aphrodisiacs, intestinal worms, &c. Nocturnal emissions are at first accompanied with lascivious dreams, erections, and pleasurable sensations; but as the disease advances the sensations disappear, and the loss is only revealed by the moisture or stains on the linen. Unfrequent at first, they occur in time two or three times a week, and latterly every night, and even several times in the night. Gradually the semen loses its consistence, the spermatozoa diminish in number, and it becomes reduced to a thin, pellucid

mucus, occasionally mixed with blood. When the disease has reached this stage the most trivial cause induces a loss of semen.

In the daytime it generally occurs during micturition or at stool, without erection, and by the simple mechanical pressure on the organ. During an emission of urine the loss of semen takes place only when the last drop is about to be discharged. These last drops are thicker, viscous, ropy, adhere to the orifice of the urethra, and stain the linen. If the urine is collected in a glass, it becomes turbid, and at the bottom of the vessel are small, rounded, transparent, granular bodies. When spermatorrhœa is complicated with spinal irritation, the urine deposits in the morning a copious light-brown sediment; it reacts like an acid, has a sickly odor, and throws up to its surface a fine, opalescent, greasy pellicle, which, after removal, is invariably reproduced. One of the unavoidable consequences of the disease is impotence; the quality and consistence of the semen becoming altered, and the spermatozoa either disappear, or become so weak that they lose all fecundating power.

The continued loss of semen gradually diminishes, and finally destroys, the power of digesting food, the patient complains of weight in the stomach, distress, restlessness, fetid eructations, colicky pains, irregular stools, and costiveness alternating with diarrhœa, till at last constipation becomes permanent, and keeps up the loss of semen; the pulse also becomes irregular, and there is a tendency to cerebral congestion. He loses flesh, is sensitive to the cold, his complexion is sallow, with blue circles round the eyes; his voice grows thinner, the speech timid, there is great taciturnity, and the whole activity is impaired. As

the emaciation increases, the skin becomes pale-yellow, the eyes are deeply sunken, the muscular energies sink, and the least exertion produces weariness.

The nervous system is also particularly affected; the visual power is weakened, the pupil dilates, short-sightedness and double vision set in, black or shining spots hover before the eyes, there is great intolerance of light, and even blindness may supervene; the hearing is also affected, the taste impaired, and the tongue thickly coated. Patients suffering from spermatorrhœa become languid, effeminate, pusillanimous, the power of volition is weakened, and even destroyed; they are diffident, sensitive, capricious, irascible, low-spirited, melancholic, and averse to any kind of work.

In order to ascertain the existence of spermatorrhœa, and not mistake it for the symptoms of some other affection, many phenomena may lead to the recognition of the disease. The stains on the linen are proofs of the seminal losses; but when, in consequence of the long continuance of the disease, the semen becomes thin and watery, or is mixed with urine, it is more difficult to arrive at a certainty as to the nature of the discharge. In such cases the urine ought to be filtered, and then it will be found that the globular flocks of the semen and the spermatozoa remain behind on the filter; but should the alteration of the semen be considerably advanced, the globular flocks disappear, and the spermatozoa fall to the bottom of the vessel, where they may be easily viewed with the microscope; otherwise the formation of crystals of oxalate of lime may be a sufficient diagnosis. The microscope supplies valuable indications concerning the quality, and numerical increase or decrease of the

spermatozoa. If the disease is in an advanced stage, the spermatozoa diminish in number, are imperfectly developed, move but very slowly, or are quite motionless. Should marasmus (rapid emaciation) set in, they entirely disappear, and in their places are seen shining, roundish little bodies, devoid of all fecundating powers. As soon as improvement in the condition of the patient takes place, the spermatozoa reappear in the semen.

TREATMENT.—Besides strict diet and regimen, the firmest resolution on the part of the patient to abandon the practice which may have been the source of the disease, and to follow implicitly the advice of his medical friend, are imperative. If possible, both bladder and rectum should be emptied before retiring to bed, which should not be too soft, and the patient should rise early, and lie on his side in preference to his back. In the daytime, body and mind should be occupied in a useful manner, and exercise in the open air is advantageous, even in the severer forms of the disease.

[This disorder, like the *tendency to masturbation* (its principal immediate cause), may be regarded as intimately connected with a *psoric* constitution. Some persons incline very much this way; and others not. A careful study of the family constitution of those who do thus suffer, will show the truth of the above remark, which Hahnemann himself first made, in the *Organon*. The reason for re-stating it here is this: in the absence of any specific remedy for spermatorrhœa, (see *Jahr's Repertory in loco*,) the physician must study the *constitutional symptoms* of his patient, and even of his patient's family. From this point of view, it will

be seen that the principal remedy for spermatorrhœa, as also for disposition to masturbation, has been omitted by Berjeau. This is SULPHUR. The higher preparations of this powerful antipsoric—so suited to the most common characteristics of such persons—will, if not actually effect a complete cure, at least greatly facilitate, and *render possible* such a cure by some other medicine.

In some constitutions a single cup of tea, either black or green, at supper will surely cause an emission in the course of the night. The use of cold water to the parts on going to bed tends to strengthen them, and thus enable the organs to hold their precious contents. Cold bathing in the open air, when practicable, is a most important aid to the treatment of such cases. Let the patient be encouraged and cheered by his physician in every possible way.]

[*Allium cepa*, which is homœopathic to this complaint, I have used with success.]

[*Gelsemium* is another still more important remedy. See RAUE, *in loco*.]

**Capsicum.** Repugnance to movement; great sensibility to fresh air; sleeplessness without apparent cause; impotence, atrophy, and coldness of the genitals; violent erections in the morning; trembling of the whole body during venereal excitement.

**Carbo veg.** is useful when the disease is accompanied with constipation and heartburn, acidity of the stomach, and flatulence, distress after eating, and distention of the bowels.

**Causticum** is required when the urine contains stringy mucus, with sensation of burning in passing water, or when blood is also passed, the pollutions being very frequent, with continual loss of prostatic fluid; it is very

efficacious when the memory is very deficient, or the head appears confused.

**Cinchona** is very important when the disease has *weakened* the patient considerably, the least exercise producing great fatigue, and he is troubled with a ravenous craving for food.

**Graphite** can be given when the emission is almost involuntary, without erection, or when there is tension and cramp-like pain in the genital organs.

**Nux vomica** is of importance where there is great costiveness and bad taste in the mouth, with soreness of the stomach, accompanied with pain after eating, and fulness at the pit of the stomach, and also when there is great irritability and feeling of lassitude and fatigue.

**Mercurius** should be given when the tongue is thinly coated, the taste depraved, complexion sallow, with chilliness and great sensitiveness to cold; also when there is costiveness, the motions consisting of hard balls or lumps, having a dark color.

**Phosphorus** is of great value when the nervous system seems shattered and the patient complains of oppression and pains in the chest, with tendency to cough.

**Acid Phosph.** This remedy is of special value in many cases, particularly when there is great feeling of weakness of the genitals, the semen being lost on the least provocation; for the debility which ensues from the long continuance of the complaint it is invaluable.

**MASTURBATION, Onanism, or Self-Abuse.**—This vice, the pernicious effects of which on the system have been so powerfully described by Tissot, that his book has been said to “have brought many sufferers to despair, instead of curing them,” is the source of a great many



diseases, destroying the body, and at the same time the mental faculties of those addicted to it. Children, after having indulged in this practice for a time, without being otherwise sick, lose their bright complexion, which becomes pale, with a greenish tint, especially around the eyes, which are sunken, surrounded by blue margins; their minds are indolent, they sit with the head inclined forward, staring as if absorbed in deep thought, are averse to play, prefer to sit quiet and alone, become obstinate, peevish, and irritable, and cannot bear the least joke. Gradually every function, especially digestion, suffers more or less, the tongue and teeth are coated, the body becomes emaciated, and the mental faculties weakened. Should some kind of sickness attack them, it is generally severe, and the least fever is apt to assume a typhoid form. If this vicious habit is continued beyond the age of puberty, the mind is weakened, the memory impaired, if not lost, the ideas become confused, and the patients are frequently seized with mania; the body is exhausted, its growth checked; violent pains, such as headaches, pressure at the stomach, colic, nausea, and vomiting, or pains in the chest, with indescribable lassitude of the limbs, torment the unhappy sufferer; the face is covered with itching pimples, or pustules, on the nose, chest, and thighs; some lose all power of erection, others lose their semen at the least excitement, or are troubled with spermatorrhœa, whilst many either lose their urine involuntarily, or, on the contrary, suffer from retention of urine.

In women, however, the consequences of self-abuse are not less troublesome than in men. Nervous prostration is the first effect produced in young females, and is characterized by headache, depression of spirits, obstinacy



sadness, indifference to worldly pleasures, and, finally, melancholy, or other forms of mental derangement. The senses become duller, especially the eyes, which are red and dim, with a staring look; all sorts of spasmodic symptoms, such as hysteria, palpitation of the heart, chorea, epilepsy, catalepsy, convulsions, are the consequences of this nervous irritation. The face looks sallow and thin, the skin is rough and dry, cracked, covered with pimples; the lips are pale, and the teeth decay; a copious mucous discharge takes place from the vagina, excoriating the thighs, groins, and perinæum; the internal organs become diseased, and induration and cancer of the womb may be the final results of this pernicious practice.

**TREATMENT.**—The ill consequences of self-abuse may be prevented or removed by the timely and appropriate administration of remedies (homœopathic) to the pathological signs presented, and by acting morally on the mind of the patient.

The most efficacious remedy in obliterating a tendency to this vice is **SULPHUR**, a dose of which may be given, followed, in a week or so, by **CALCAREA**.

**Nux Vomica** is of very great importance where the digestive organs are impaired, attacks of uneasiness, principally after dinner, with nausea and trembling of the limbs, emaciation of the body, frequent erections and pollutions, principally in the morning, with flaccidity of the penis, followed by coldness and weakness in the lower extremities, and increased sexual desire, occur. [It should be taken on going to bed; and is especially indicated when high living, coffee, spirits, &c., have promoted the difficulty.]

**Staphysagria** is perhaps the most efficacious remedy

in this complaint, particularly in cases of long standing, and may be employed when there is hypochondria with great taciturnity, constant uneasiness as to the state of one's health, anxious imagination, imaginary fears, queer notions that expose the patient to the suspicion of being thought crazy, great deficiency of animal heat, and tendency to take cold; or when the memory is weak and confused, and there is giddiness and sleepiness; the eyes are deep-sunken, red, and lustreless, the hair falls off, there is gnawing toothache and caries of the teeth, which are very *brittle*, a dry cough, aggravated frequently after eating, and indigestion attended with great flatulence, the stools being dry and lumpy. The urine is of a deep red or yellow color, with brick-dust sediment; there is continual loss of prostatic fluid, and the sexual desire is impaired and the penis relaxed, with dull and contusive pain in the testicles. NUX VOM., CALC. c., or COCCULUS are frequently required after this remedy.

[With Berjeau's opinion of the superior efficacy of *Staph.*, in this complaint, I heartily coincide. While preparing these pages for the printer, a young man, to whom I had given this remedy, reported himself cured. He was also very much improved in physical appearance and that of feeling. A weakness of his chest, and tightness and sense of compression, with which he was apt to be troubled, when not suffering from emissions, were permanently removed by a single dose of *sulphur 55 thousand*. The intimate connection of this complaint with consumptive persons and families, and its almost inevitable tendency to extend to phthisis pulmonalis, but confirms its psoric nature, as asserted in my remarks on Spermatorrhœa.]

**Cinchona.** When the patient has practised this vice to excess, or for many days in succession, this remedy will speedily relieve the weakness and lassitude which have been produced. It is more especially indicated when there is dulness and confusion of the head, with indifference to everything, the spirits being low, and attended with anxiety; the sleep very bad, the appetite poor, sensation of fulness and oppression at the stomach, with great flatulence; the stools loose, of a white color, consisting principally of undigested food, the skin being cold, with a febrile, small, soft, frequent pulse.

**Kreasote.** In chronic cases, with tendency to scrofulous degeneration, this medicine is very useful; it can be given when there is bleeding of the nose, swollen and bleeding gums, and toothache, foul breath, and loss of appetite, with cutting, colicky pains, and diarrhœa of a fetid kind; general lassitude, yawning, drowsiness, and coldness of the skin, with eruption of pimples of a bright red color, are also good indications for its employment.

**Carbo veg.** is very efficacious in subduing an excessive excitement of the sexual organs, with lascivious fancies and onanism; and particularly when there is present greenish acrid leucorrhœa in females, often the *cause* or *effect* of self-abuse; it can be given when the patient is irritable and ill-tempered, with constant restlessness and great prostration; or for shuddering and great sensibility to cold, with deranged stomach, excessive flatulence, and frequent emissions of semen (spermatorrhœa).

**Phosphorus.** This remedy is of good service when the patient is very debilitated, and is subject to affections of the chest; it may be employed where the head is affected, the memory being weak or almost gone, with

pulsations in the brain and various parts of the body, the eyes being red and sunken, the sight and hearing impaired, the appetite either bad or extremely ravenous, with nausea and drowsiness after eating, diarrhœa of a painless kind being often present; or frequent pains in the chest, attended sometimes with cough and palpitation of the heart. It is also very useful in milky leucorrhœa in females, attended with bearing-down pains.

**Calc. carb.** is required when there is *great depression of spirits*, excessive sensitiveness, fatigue produced by the least exertion, and a general sense of illness and derangement of the various animal functions; the head is dizzy, and headache is produced by the least mental exercise, *thinking* being difficult; the hair comes off, the eyes are suffused, pus is discharged from the ears, and there is difficulty of hearing, the nose bleeds, the face is covered with itching pimples, a foul taste is in the mouth; there is loss of appetite, with constant thirst, constipation, and hard and scanty stools, sometimes as white as clay, with great flatulence, frequent emission of milky urine, deficiency of sexual desire, premature and profuse menses, often attended with acrid leucorrhœa, swelling of the feet, great sensitiveness to cold, and followed sometimes by cough and profuse expectoration and violent palpitation of the heart.

**Cocculus.** This remedy can be employed when the head is more particularly affected, and there is sadness, irascibility, anxiety, restlessness, particularly at night, headache, affecting the forehead, and often a feeling of intoxication, and very frequently imaginary fears.

**Pulsatilla** is very often required, especially for females, when the practice has brought on leucorrhœa or hysterical

affections. The leucorrhœa is generally milky and painless, attended with pains in the back; the menses are generally profuse, of a dark or blackish color, and there are spasmodic pains in the lower abdomen, with great sexual excitement, and pains resembling labor-pains.

**Antimon. crud.** is useful when the *digestive faculties* have become impaired, with eructations and vomiting of food, attended with colic and flatulency, and diarrhœa alternating with constipation; a constant sensation being present, as if the stomach were overloaded, the appetite totally failing; sadness, weeping, and impressibility often accompany these symptoms.

**SPINAL IRRITATION.**—Pain or soreness of the spine frequently accompanies diseases of the urinary and sexual organs, and is generally felt in the lumbar and sacral regions; it may arise from hysteria, sexual excesses, masturbation, leucorrhœa, cancer of the uterus, gonorrhœa, and various urinary diseases. The symptoms are aggravated by disagreeable emotions, luxurious living, stimulating drinks, menstrual derangements, late rising, and sleeping on the ground. The strictest investigation is necessary as to the probable cause of the complaint, as the treatment is necessarily dependent upon a right appreciation of certain circumstances. It is important to enforce strict dietary rules, abstaining from meat, coffee, tea, or spirituous liquors; perfect abstinence from all sexual excitement; gentle exercise in the open air, early rising, walking, and sea-bathing, are very useful and restorative.

**Arsenic** is very useful in debilitated subjects, who complain of acute drawing pains in the back, which necessitate lying down.

**Belladonna** can be given for dull distressing pains, drawing round the whole pelvis, or for intense cramp-like pain in the small of the back and sacrum, relieved by standing or walking, and when there are nocturnal emissions without erection.

**Calc. carb.** is of great service when there is great weakness of the back and nervousness, with excessive sexual desire, in persons addicted to self-abuse.

**Chamomilla** is efficacious in cases of drawing or great bearing down, with pressing pain in the small of the back and down the thighs, and coupled with sexual excitement and itching of the scrotum.

**Causticum.** Nervous weakness and pains in the loins, rendering the least movement intolerable, and painful stiffness of the parts.

**Cocculus** is good in tremors affecting the back, which feels bruised, with increased sexual desire.

**Conium** can be employed when there are spasms or stitches in the small of the back, with drawing in the lumbar region when standing; the sexual desire is lost, and emission of semen takes place on the least excitement.

**Lycopodium** is required for violent pain in the back, with stiffness of the parts, chilliness, and shrinking and coldness of the penis.

**Nux Vomica** is one of the most efficacious of the remedies employed against this complaint arising from sexual excesses. The pains are principally felt at night in the small of the back, with sore and bruised feeling in the lumbar region when pressed; attended with sudden stitches in the back, on turning to one side, with dull pain when sitting perfectly quiet; it is also very useful



in nocturnal emissions, with contused pain in the testicles, and continued painful erections.

**Pulsatilla** can be used with success when there is weariness and stiffness of the back, the right testicle being drawn up and swollen ; continual erections day and night, with excited sexual desire, and seminal emissions.

**Rhus toxic.** will be found useful for contusive pains in the back, when lying still, or sensations as if the part were pressed against a sharp edge ; also in tympanitic swelling of the scrotum, with violent sexual desire, and seminal pollutions.

**Sepia.** When there is a tendency to *chronic congestion* of the vessels of the spine, occasioning great increase of sexual desire, with painful and violent erections, and great weakness in the small of the back.

[**CEREBRO-SPINAL MENINGITIS.**—Although this formidable disease is not known to be anywhere prevalent at this time, some account of its most common forms and prominent symptoms may neither be unacceptable for present study, nor without value for future use. And we are the rather led to undertake the work from the fact, that, while Epidemic "*Spotted Fever*" may at any time make its appearance, and in any section of the country, very little can be found recorded hitherto, in the periodical or other literature of our school, concerning its pathology or its therapeutics.\*

\* *Marcy and Hunt* ("Theory and Practice" Vol. I. p. 527) give a brief account of this disorder, with no other aid—besides mentioning a few remedies—as to "treatment" than : "this must be conducted on the same general principles as we are governed by in congestive intermittents." This advice is meagre enough in



The base of the brain becomes the seat of two distinct forms of meningeal disease; these have been designated as *simple meningitis*, and as *tubercular meningitis*. In the former, the pia mater, and sometimes the arachnoid of the convexity of the ventricles, are inflamed — often to very considerable extent — and infiltrated with *pseudomembranous* and purulent liquid deposits. The latter, — characterized by tuberculous granulations deposited in the meshes of the pia mater, accompanied by ventricular effusion, by cerebral tubercles, and often by tuberculous deposits in some other organ — is usually called acute hydrocephalus.

True, tubercular meningitis can only be developed, of course, in persons under the influence of the tuberculous diathesis; that is, in tuberculous (scrofulous) subjects. While simple meningitis, so far from being restricted to those who are not of a scrofulous or psoric constitution, is certainly more apt to be developed in those who are.

“These differences,” says M. Rilliet, “which M. Bar-

itself, but the assertion which precedes, that “the pathological features of the disease cannot be distinguished from those of congestive intermittent,” is still worse, because more misleading. Here again we find repeated the great error of the allopathic school,—the very one of all others which a work on homœopathic practice should have eschewed; a conjectural therapeia, based upon a supposititious pathological trestle-work. Not only do our authors furnish no indications for the remedies, but their “treatment” rests upon a pathology which is at once hypothetical and unsound.

*Raue* (“Pathology and Therapeutics,” p. 13) gives a concise statement of the principal symptoms, and “therapeutic hints” for a few remedies of which we have made use in the latter portion of this article.

thez and myself have already expressed in detail, are so decided, that, if we are shown the brain of a child in which the fissure of Sylvius is agglutinated, and *pseudomembranous*, or concrete purulent infiltration exists at the base, whilst the arachnoid and the pia mater of the convexity are uninflamed, we do not hesitate to affirm, on this simple examination, and without further microscopic investigation, that most probably there are granulations in the meninges, that the ventricles are, or have been distended by serous effusion, and that there certainly exist tubercular deposits either in the lungs or bronchial glands, or elsewhere. We could affirm that the acute symptoms have been preceded by *prodromata*, that the outbreak was insidious, that the meningitis was announced by vomiting, constipation, and moderate cephalalgia, without acute fever; that the intelligence was intact, at any rate during the first week, and that the disorder lasted from fourteen to twenty-one days. On the other hand, on being shown the brain of a child, where the convexities of the hemispheres are covered with purulent deposits or *false arachnoidian membranes* to considerable extent, we do not hesitate to affirm, without fear of being contradicted by experience, that no tuberculous deposit is to be found either in the meninges, brain, or elsewhere; that the outbreak was abrupt and violent, introduced by convulsion, if the patient was very young, by vomiting, constipation, and violent headache, if the child was older. That the symptoms were followed, after from one to three days, by formidable phrenesis, and that the course of the whole malady was very short, viz., three, four, or six days.”\*

\* *Traité Clinique et Pratique*; par M. M. Rilliet et Barthez. Paris, 1846.

This description — written in France nearly twenty years before the appearance of the epidemic cerebro-spinal meningitis in this country — so closely resembles our “spotted fever,” that it seems to prove this strange and malignant disorder to be but a development of “simple meningitis.” But the distinction so much dwelt upon by our authority, and which admits of *demonstration* only upon the dead subject, would scarcely be deemed of any practical importance, were it not possible to indicate some peculiarity by means of which it may be recognized in the still living patient. This peculiarity we think may be found in the *pseudo-membranous* nature of the deposit already described as occurring at the convexities of the hemispheres or ventricles, and which no doubt extends downwards along the course of the spinal meninges. But this *false membrane*, which is obvious enough upon examining fatal cases of “simple meningitis,” — and we believe no less so in those of the modern epidemic “cerebro-spinal meningitis,”\* — can itself be

\* “Four cases are related of the disease with the *post-mortem* appearances. In all the cases, deposits of lymph, of greater or less extent, were found on the brain and spinal cord. In one case, the anterior two-thirds of the cerebrum superiorly, was covered with an adventitious deposit of lymph, of a greenish yellow color, *forming adhesions* between the arachnoid and the pia mater, and following the latter as it dips down into the convolutions of the brain. In another case, there was a deposit of lymph between the pia mater and arachnoid, on the anterior surface of the cerebrum superiorly, extensively upon and around the optic commissure, over the entire cerebellum, crura cerebri, pons Varolii, medulla oblongata, and spinal cord throughout its whole extent to the cauda equina. The nerves arising from the cord on both sides were enveloped with this deposit also. At several

recognized during life only by some other and constantly attendant symptom. This constant and pathognomonic symptom may be found, we believe, in the "spots," from which arises the popular name of the disorder. For here, as in many other forms of disease, the consequences, which are seen, take precedence, in naming the disease, of its causes and essential nature, which may be alike unknown. We speak of these "spots" as being constant; but in the milder cases they may not be discernible, and the severest cases may prove fatal before they are developed, — as children sometimes succumb to malignant scarlatina before the eruption is developed.

From the constancy of the appearance of "spots," petechiæ, ecchymosis, &c., in the lowest form of typhoid fever, in jail and ship fevers, in diphtheria, in croupous diphtheria, and in epidemic cerebro-spinal meningitis, or "spotted fever," we learn that these "spots" result from a certain suppression of the capillary circulation and *dyscrasia of the blood itself*, which indicate a profound prostration of the vital forces. And we may with safety conclude that this same *blood disease* and accompanying nervous prostration, which cause these "dark purplish spots," produce also those plastic exudations, which are known as *pseudo-membranous formations*, or *false membranes*. Hence the most remarkable pathological difference between the two forms of disease — diphtheria and spotted fever — which have all along been regarded as mysteriously similar, will actually illustrate and confirm

points along the cord it had degenerated into pus." This "lymph" upon interior surfaces corresponds to the denser false membranes organized from plastic exudations upon exterior, mucous surfaces.

this very similarity. For, in diphtheria, the blood-dyscrasia gives rise to plastic exudations, or false membranes, on free mucous surfaces; while in epidemic cerebro-spinal meningitis the *pseudo-membranous* deposit occurs on the convexity of the ventricles, or hemispheres,—that is, on enclosed and confined surfaces. And, in consequence, we find, in the former disease, final paralysis from nervous prostration, but no previous spasm from compression; while, in the latter disorder, convulsions from nervous compression precede paralysis from exhaustion.

Dr. Kempf, an intelligent physician of Southern Indiana, gives an account of the epidemic as it occurred in his section, in the month of December, 1862.\* He makes three divisions of the disease, according to its intensity: *cerebro-spinal asphyxia*,—corresponding to the worse forms of cholera, or yellow fever, in which there is no reaction; *cerebro-spinal inflammation*, the fully developed cerebro-spinal meningitis; and *cerebro-spinal irritation*, in which the attack of the disease is comparatively slight. We give his description of each form; his whole account, although it may not exactly resemble the epidemic anywhere else, will enable the physician to recognize the disorder the first time he meets with it.

“*Cerebro-spinal asphyxia* is generally ushered in with an alternation of chilliness and heat, violent pain in the head and back, pain in the extremities, vomiting, and diarrhœa of a bilious character. The patient presents an appearance as though he was deeply intoxicated. When roused, he will give a half intelligent look and an incoherent answer. His eyes are dull, injected, watery, and

\* *Am. Jour. Med. Sci.*, No. CIII. New Series, p. 55

the pupils dilated, or one contracted and the other dilated ; the pupil may be round, elliptical, or irregular. Tongue cool and swollen ; breath cool. Pulse irregular, feeble, and frequent ; though sometimes it is almost natural, calm, regular, soft and full, whenever the patient is sinking rapidly and the approach of death is imminent. The surface of the patient is mottled with purplish spots. Cramps of the extremities are common ; sometimes there is jactitation of the whole body, but not of the violent character observed in cerebro-spinal inflammation.

“*Cerebro-spinal meningitis*, the sthenic type of the disease, with evidence of inflammation of the meninges of the brain and spinal cord, generally commences with a peculiar nervous agitation, wandering pains of a rheumatic or neuralgic character, followed by a chill and by inflammatory reaction ; pain in the head, darting from temple to temple ; pain along the spine and in the extremities, much aggravated by movement or pressure ; acute sensibility of the surface, the least pressure or the slightest touch causing the patient to moan or scream ; high vascular excitement. As the disease advances, the patient becomes more or less delirious, his countenance having a wild expression. He is often affected with cramps of the extremities, tetanic spasm or hysteric convulsions. The eyes are injected, and intolerant of light ; the pupils are generally contracted, though sometimes one is dilated and the other contracted, the edge of the pupil being round, oval or notched ; the pupil itself is either clear or opaque, with a milky or greenish effusion—this is generally, however, a symptom of the latter stage of the disease ; there is defective vision, *muscæ volitantes*, or complete amaurosis. The sense of hearing



is sometimes very acute, again very obtuse, or totally lost. The stomach is generally irritable, with more or less vomiting of a bilious character. The bowels are mostly costive. Urine high-colored and scanty. In most of these cases, herpetic eruptions appear about the mouth and nose. A prominent symptom, which has been considered by some writers as pathognomonic, is generally present, namely, spots or petechiæ of a scarlet color, generally minute in size and few in number, though in some instances they cover the greater portion of the surface of the body. In the malignant type, the skin presented a maculated appearance, of a dull crimson, or deep purple hue.

“The duration of cerebro-spinal meningitis is from twenty-four hours to two or six days; the majority die between the latter periods, but now and then a case is protracted for several weeks or months. The patient, after becoming convalescent from an acute attack, and, to all appearance, out of danger, may have a slight exacerbation towards evening, slight pain in the head, cloudiness of intellect, and indistinct articulation. He may complain of dimness of vision, anomalous sights, or one eye may be perfect and the other nearly blind. He may have buzzing in the ears, hear unusual sounds, or the organ may be too sensitive or too obtuse. I have visited patients in whom the analogy between intermittent fever and the disease under consideration was so perfect that the most circumspect would be deceived.

“Of *cerebro-spinal irritation*, I will only remark that, on the decline of the epidemic, a great number of individuals, especially adults, complained of headache, *malaise*, neuralgic pains in various parts of the body, and



pain in the nape of the neck, or other parts of the spine. The ailment yielded readily to morphia and quinia. Cerebro-spinal irritation very likely was a precursor to the graver forms; but as not much alarm was felt before the epidemic had made some ravages, the physician was not consulted in this minor form of the epidemic."

Dr. Kempf narrates five cases of the severest, or, as he would term it, the *asphyxia* form of the disease; all of which proved fatal within six or seven hours at the furthest. The second case we quote: "H. B., a fine boy, of seven years of age, left home at 8 A. M., to attend school, half a mile distant; he returned at ten o'clock, complaining of violent pain in the head. As the child had been subject to ague, the parents attributed his symptoms to an attack of that disease; but as he soon became insensible, and his surface covered with purplish spots, I was requested to see him at 2 P. M. I found the child comatose; insensible to shaking or pinching of the extremities; to all appearance blind and deaf; eyes injected and turned upwards, pupils dilated; *pulse perfectly natural*. This condition was found to be in every instance a very unfavorable symptom. Death occurred the same evening."

The following description of the same disorder as it appeared in Mobile, Ala., during the winters of 1863-4, and 1864-5, will be found interesting and instructive.\*

"In the midst of good health, after taking a hearty meal, or after a full day's work, the patient, without any premonitory symptoms, is suddenly attacked with coma, or stupor, so profound that he is with difficulty aroused even for a moment.

\* *Atlanta Med. and Surg. Jour.*, June, 1866.

“In other cases, vertigo, pain in the head and cervical region, extending along the spine, with lassitude and apprehension of impending danger, are observed. Then again, chilly sensations at intervals of two or three hours, with cold extremities, followed by exacerbation of heat, flushed face and increased pulse, mark the approach of the disorder. Lastly, delirium, more or less wild, with a disposition forcibly to leave the bed or room, is in the outset a prominent symptom. The condition of the pulse was variable; usually ranging from ninety to one hundred, hardly reaching one hundred and ten, unless just before the termination in death; on the other hand, it occasionally sank to forty or fifty beats per minute. Vomiting of bile and constipation are usually, in the beginning, prominent symptoms; the tongue is furred, and as the disorder advances, the teeth become covered with sordes.

“The urine is highly colored, scanty and often retained; at other times, especially towards the close, it is passed involuntarily. Intolerance of light and sounds, when present, appears at the early part of the attack; the least ray of light being sufficient to cause spasmodic closure of the eyes and intense suffering; walking across the floor is excessively annoying to the sufferer; deafness and a general indifference to surrounding objects are generally noticed.

“The most prominent and almost universal symptoms are pain in the head and neck, accompanied by a tetanic rigidity of the cervical muscles, and of the large extensor muscles of the back. This trouble, slight at first, increases until the head is drawn back upon the shoulders, and no ordinary degree of force used by the attendant

can overcome it. The muscles of the back and lower extremities are occasionally so much involved as to produce complete opisthotonos. In connection with this condition, paralysis of the muscles of the face is sometimes present, as exhibited in depression of the lower jaw and protrusion of the cheeks and lips in expiration. Involuntary twitchings of the muscles and want of prehension often exist also—the patient being unable to drink without assistance. Strabismus in one or both eyes was met with in several cases. The appearance of the pupils is not always the same, in the majority of cases being dilated; sometimes one is contracted and the other dilated, and I have occasionally seen both contracted. Delirium may be present at any period of cerebro-spinal meningitis, though most common in the latter stages before coma sets in; and is then of a low, muttering character.

“When coma comes on, which is usually about the fourth or fifth day, the pupils become widely dilated, the pulse more full, but is never, so far as my observation extends, of a bounding character, as in coma from apoplexy. Involuntary discharges from the bowels and bladder are now of most frequent occurrence. Stertorous breathing is rarely present, and until coma is profound, the patient is continually tossing himself from side to side in bed, and carrying his hands to his head as though in great pain.

“Another very common symptom is hyperæsthesia of the whole nervous system; pressure upon the extremities, slight moving of feet or bending the toes, causes the patient to cry out from pain. This exaltation of sensibility does not often appear at first, but towards

the latter part of the attack. While vertigo, pain in the head, chilly sensations, intolerance of light and sound, deafness, stupor, exalted sensibility of the nervous system, delirium and coma were the usual symptoms by which this epidemic was characterized; yet there were few cases of an intermittent type, accompanied by high fever, with pain in the head. Under the use of quinia, these symptoms would yield for a few days, and convalescence seemed to be established. A recurrence of these symptoms would take place two or three times, when those more violent, as extreme pain in the head and neck, rigidity of the muscles, &c., would supervene and declare unmistakably the formidable nature of the disease.

"The duration of this affection is variable; it may destroy life in twenty-four or forty-eight hours, but from five to eight days is the usual time. During the winter of 1863-4, it proved fatal sooner than in the following—a few of the last cases seen having lived from ten to fifteen days."

**THERAPEUTICS.—Aconitum.** Chilliness; high fever; hot, dry skin; *great thirst*; **RESTLESSNESS.** *Dilatation of the pupils*; avidity for light; desire to look at bright light. Hah. — *Great photophobia.* (S. Codex.) *Contraction of the pupils* (photophobia), according to Hale, indicates Aconite in cerebral diseases; as dilatation of the pupil (and thirst for light) does Gelseminum.\*

It may be remarked that Aconite is thus indicated by its characteristic symptoms in cases which may indeed become developed as "Spotted Fever;" but which—

\* Drs. Hale and Searle, — New Remedies, pp. 405, 426,—seem to deny that *Acon. primarily* causes dilatation of the pupil; but this is contrary to Hahnemann's experience in proving this remedy.

except from the recurrence of other cases with similar symptoms terminating in this disease—could not be determined in advance as instances of it. And when thus administered, where alone its symptoms call for it, *in the early stage of this disorder*, (as also in incipient Diphtheria and Pneumonia,) this remedy may suffice to cure the patient entirely, by arresting the morbid processes *before they have reached the stage of plastic effusion*.

**Apis.** Violent pains in the head, — aggravated by lying down; relieved temporarily by pressing firmly with the hands. Great inclination to sleep, but inability to do so from extreme restlessness and nervousness. *Sleep disturbed by oppressed respiration and disagreeable dreams.* Rapid, painful, and spasmodic respiration, *aggravated by lying down*, (opposite to Cantharis,) and ameliorated by inhaling the fresh air in an upright position. *Sensation as though he should not be able to breathe again.* Sudden prostration of the vital force. *Burning, stinging pains.*

The direct pathogenesis of Apis presents neither the convulsions nor the “spots” which characterize cerebro-spinal meningitis; but it has the violent headache, and all the paralytic symptoms which result from the serous or other exudation of the advanced stage of this disease. While its acknowledged value in *acute hydrocephalus*, *in arachnitis*, and in the secondary or exudative stage of what is termed “Meningitis Basilaris of Children,”\* will entitle it to a careful study in this connection.

\* *U. S. Med. and Surg. Journal*, Vol. I. p. 237; and II. pp. 31, 129. Valuable indications for the remedies are given in this article, — equally applicable to Cerebro-spinal Meningitis, and to “Basilar Meningitis of Children.”

The Apis seems to produce serous rather than plastic exudations; but when indicated by its dynamic subjective symptoms, it will always do good. And we can see when the remedy is called for, *during the life of our patients*, by means of these dynamic symptoms; while if we were to rely upon the demonstration of the exact pathological condition, (the nature of the exudation as serous or pseudo-membranous), we should be obliged to postpone prescribing till after we had made a *post-mortem* examination of the subject.

In a very bad case of Spotted Fever in a young man — successfully treated by Dr. Williamson, some years ago — Apis (and also Cantharis) was found of great service in relieving the accompanying urinary difficulties. These *nephritic complications*, which are so common to both Spotted Fever and Diphtheria, furnish additional proof of the similar nature of the two disorders.

In Spotted Fever, as in other affections of the nervous centres, Apis is believed to be far more efficient in the 2<sup>o</sup> than in any lower preparation.\*

**Arnica.** Red, blue, and yellow spots, like ecchymoses. Coma somnolentum, with delirium and carpalgia. Jactitation of single muscles; twitching in all the limbs; tremor of the limbs. Convulsions and tetanic spasms. Painful and excessive sensitiveness of the whole body.†

These strongly-marked objective symptoms, and the great efficacy of Arnica in certain forms of Typhoid and

\* Compare Marcy and Hunt's Practice, Vol. I. p. 530; and *U. S. Med. and Surg. Jour.*, Vol. II. p. 180.

† "Pressure on the back of the neck elicits a cry of pain," on the fourth day in a case which terminated fatally on that day.—*Am. Jour. Med Sci.*, July, 1866, p. 126.



Typhus Fever—where the symptoms in many important respects resemble those of cerebro-spinal meningitis—should ensure the thorough study of this remedy in the latter disorder

**Arsenicum.** This powerful drug acts primarily upon the organic or vegetable nervous system, and only in a secondary manner upon the cerebro-spinal system, although recommended with others, in a general manner, by Marcy and Hunt. Still, if *dynamically indicated*,—that is, by the prevailing symptoms, especially the subjective ones,—it should be carefully exhibited. And the success which must attend its administration will show the superiority of nature's great law of the Similars over all the deductions which we may make from our own petty pathological theories.

**Belladonna.** Headache in paroxysms, as if the brain would burst, aggravated by moving the eyes, by shaking the head, *when lying down*, by light and by noise; relieved by compressing the head with the hands. Glowing redness of the face; dark red face; bluish red face. Contraction of the pupils; dilatation of the pupils (immovable pupils); double vision. Convulsions, especially of the arms. Screaming; moaning, starts, which wake him even when on the point of falling asleep. Rigidity, with bending the body and head backwards, or to the left side. Right side principally affected. The peculiar character of the delirium and moral symptoms will determine the choice between Bell. and Stram., Hyos., and Veratrum.\*

\* For a full and elaborate comparison of Bell. and Stram.,—one differing from and far superior to that of Gross,—see *Wells on Scarlatina*, *Am. Hom. Review*, Vol. V., March, 1865.

**Bryonia.** Sharp, lancinating pains in the head, *worse from motion, better when lying down. Bursting headache, worse when rising up.* Face red and bloated, like Bellad.; but neither dilatation nor contraction of the pupils. Petechiæ. Stiffness in the neck; great pain in the limbs and joints, not allowing of motion. *Plastic exudations, or pseudo-membranous formations*; \* these, in accordance with our view of the nature of cerebro-spinal meningitis, may be deposited about the base of the brain. And as in *Diphtheria* and in *Croup*, so in this disease, Bryonia, instead of being entirely overlooked, should be most carefully studied.

**Cantharis.** Affections principally of the right side. Violent pains in the head; drawing, tearing in the head; stitches in the head, in the occiput, as if in the bone, or deep in the brain,—in the right temple,—in the forehead; lancinations in the head, waking him from sleep. Protruded eyes; eyes in spasmodic motion; fiery, sparkling, with steady, staring look; things look yellow. Bloatedness in the face. *Lock-jaw*, with grinding of the teeth, and discharge of foamy and even bloody saliva. Oppression of breathing, *relieved in a recumbent position*; (opposite to Apis.) Retention of urine; suppression of urine; strangury; dysuria; paralysis of the neck of the bladder.

The remarkable efficacy of this medicine in *Diphtheria*; in removing the false membranes from the fauces, and also from the vaginal, uterine and urethral mucous surfaces; and its value in the urinary complications of Spotted Fever, in conjunction with Apis, — according to the experience of Dr. Williamson, — strongly confirm our

\* Vide *Neidhard* on *Diphtheria*, p. 118.

supposition of the plastic nature of the exudation at the base of the brain in the latter disease. The respective subjective symptoms of *Cantharis* or of *Apis*, which may predominate, will determine the choice of the one or the other of these two remedies, when nephritic or urinary complications arise in cerebro-spinal meningitis. And the improvement brought about by either, when thus indicated, if not equal to the entire cure of the patient, will at least prepare the way and enable some other remedy to complete the work. In healing, as in learning, all that is gained is doubly valuable, — for its own sake, and for the sake of the still further progress which it facilitates and secures.

**Cicuta vi.** Insensibility. Stiffness of the jaws. He bends his head backward. Stiff, sore neck. He feels sore all over.

“The *petechiæ*,” remarks Dr. Lippe, — to whom we are indebted for the above, and other symptoms, — “are not to be found in the pathogenesis of *Cicuta*; but cures with it have been reported.”

**Crotalus horrid.** Pain in all the limbs; horrid headache; red face; delirium with open eyes; ecchymosed spots everywhere; *Raue*. Most of the symptoms appear on the right side. Compare *Crotalus cascavella* in Mure’s *Materia Medica*.

**Elaps corallinus.\*** *Right side* principally affected. Pain in cerebellum, right side; pain in the whole spinal marrow. The arm and hand are swollen, bluish, covered with red spots; also, the right leg and foot. Cramps in the calves. Cramps in the right side. Paralysis of the right side; the right side is numb, as if paralyzed. The

\* Dr. B. M. re’s *Materia Medica*, Wm. Radde, New York, 1854.

extremities look blue, with reddish spots. Phlyctenæ here and there, especially on the extremities.

**Lachesis.** The *left side* is principally affected. Affections of the throat, beginning at the left side, and extending to the right, require Lachesis rather than Lycop.; while those which beginning at the right side extend to the left, require Lycop. rather than Lachesis.\* *Convulsions* and other spasms, with *violent shriek*, particularly about midnight, waking the patient. Aggravation of the symptoms during rest; amelioration during motion; *exacerbation after every sleep, in the day or night*.

Each one of these several varieties of the serpent-poison seems capable of developing upon the skin colors resembling those of the serpent from which it is derived. "The skin (of the prover) looks like that of the snake." Observe the contrast: *Elaps* and *Crotalus hor.* for the right side; *Lachesis* for the left.

**Gelseminum.** Headache; heaviness, giddiness, as if intoxicated. Headache, which comes on suddenly, with dimness of sight, or *double vision*, and dizziness. Dilation of pupils (compare Aconite); complete loss of muscular power, of vision and speech; icy coldness of the hands and feet; nausea; vomiting. *Drowsiness*; wants to lie still and rest. *Fever without thirst*; (thirst during the sweat.) Profuse emission of watery urine, accompanied by transient chilliness, tremulousness, and an evident alleviation of the sensations of heaviness of the head, dulness of the mind, and dimness of sight.

"Gelseminum has direct relation to the incipient or congestive stage of cerebro-spinal meningitis, and also in some degree to the consequent inflammation. An attack

\* Dr. Ad Lippé, *Am. Hom. Review*, Vol. V. p. 438, April, 1865

of this disorder is usually sudden, and is ushered in by a severe chill, accompanied by evident congestion to the spine and brain, with its ordinary symptoms, — among which dilatation of the pupil is, I believe, always seen. This state is followed — except in those cases which die collapsed — by reactionary fever of corresponding violence. In such a condition of the system, no remedy is so homœopathic as *Gelsemium*.” *Searle*.

*Aconite* — in some respects similar to *Gelsemium*\* — produces *restlessness*; while *Gelsemium* produces (drowsiness) *prostration* and even *paralysis* of the muscular system. In addition, we note that *Aconite* has violent thirst, and bright redness of the face; while *Gelsemium* has moderate thirst, or little or none, and a crimson hue of the cheeks.

**Kreosotum.** My attention is called to this remedy by J. J. Detwiler, M. D., of Easton, — by whom it has been found useful under the following conditions:

Discharges from the bowels, with symptoms peculiar to *Kreosotum*. Rigidity of the muscles.

Vesicles round the mouth, white-tipped, filled with water. Vesicles on the tongue, like little blisters.

Eruption peculiar to K., — more like flea-bites.

Fetor, similar to the smell of *Kreosote*.

**Chlorine.** Has also been recommended in this disorder.

**Oxalic acid.** Eruption, or mottled appearance of the skin in circular patches.† Paroxysms of tetanic convul-

\* See a comparison of these two remedies in *Gross's Comparative Materia Medica*. Curiously enough, this comparison, which Gross never saw, — it having been prepared after his decease, by the joint contribution of the American editor and his collaborators, — is the only one which was republished by his reviewers as a specimen of his life-work! *Sic vos non vobis!*

† Dr. W. Williamson, to whom I am much indebted for valuable

sions, which arrest the respiratory process entirely for the time being. Acute pain in the back, gradually extending down the thighs, occasioning, ere long, great torture. Great prostration.

This remedy deserves to be carefully studied in severe cases of Spotted Fever; and it may prove to be suited, especially to its advanced stages, after exudation. Compare Apis.

**Baptisia.** "Has many symptoms which resemble very much those which are said to occur in the so-called 'Spotted Fever.' Dr. Rogers claims to have used it with benefit in his own case, during an attack of 'Cerebro-spinal fever,' which was epidemic in his locality. We would suggest to our colleagues a careful comparison of the symptoms of this dreaded malady with the proving of Baptisia. It may be found a valuable remedy in the treatment of that fatal epidemic." \*

**Cimicifuga.** Successfully employed by Dr. Searle,† from whose "Notes on the New Remedies" the following, partly pathogenetic and partly clinical, indications are extracted: "Severe chills, nausea and vomiting, delirium and acute pain in the head, shooting down the spine, with rigidity of the muscles of the back,"—symptoms of incipient cerebro-spinal meningitis,—in a feeble woman of fifty years,— which were removed in twenty-

hints derived from his own successful experience in treating this disease, informs me that Dr. Hering, when engaged in proving this drug upon himself, was for a long time marked by the "spots." The first symptom, given above, is quoted in S. Codex, from *Christison*.

\* Hale, *Materia Medica of New Remedies*, p. 120.

† *New Remedies*, p. 209.



four hours. *Alternate tonic and clonic spasms.* Pain in every portion of the head, chiefly in the vertex and occiput, extending often to the shoulders and down the spine, accompanied by a delirium which perfectly simulates *mania-a-potu*. The pain is sometimes paroxysmal, and is pressive, throbbing and aching in its nature, and attended by tremor and illusions of vision. Intense, throbbing pain, like a ball driven from the neck to the vertex, with every throb of the heart. Intense and persistent pain in the eye-balls, which are dull, aching and sore. Dilatation of the pupils. Swollen tongue. Dysphagia. It has cured Chorea when attended with almost complete loss of the power of swallowing.

**Sulphuric acid.** This remedy has the petechiæ, or rather maculated spots, with soreness of the flesh, and great and sudden sinking of strength. It has, also, jerks, cramps, and other minor spasmodic symptoms, and *sub-sultus tendinum*, and, therefore, may be indicated and found useful even in the more advanced stages of the disease.

**Eupatorium perf.** Has been found curative in this disorder, by Rafinesque, (allopathic, in 1820,) and later by Drs. Pratt, Belden, and others. It is indicated by *severe aching and soreness in the limbs*; aching pain and soreness, as if from having been beaten, in the calves of the legs, small of the back, and in the arms above and below the elbows; aching in the bones of the extremities, (*as if the bones were broken*,) with soreness in the flesh; copious perspiration, which gives no relief; cramps; *thirst* before the chill; — nausea and vomiting after the chill.\*

\* *Materia Medica of New Remedies*, p. 352.

**Veratrum viride.** This most important and powerful remedy has proved curative in a desperate case of *traumatic* cerebro-spinal meningitis—*arachnitis*—which was strongly marked by *dilated pupils*; the muscles of the back of the neck contract, drawing the head back on the shoulders; delirium; CLONIC SPASMS; COMPLETE OPISTHOTONOS; during the spasm, the heels almost touched the head, forming a hoop of the body. Another case, equally hopeless, occurring after scarlatina, was cured by the Verat. v., in which was observed “a strip, about six inches wide, extending from the crown of the head to the bottom of the spine, very pungently hot and dry, reddish in appearance, with several large and small petechiæ, like mosquito bites, scattered over the inflamed strip.”\*

Our limits will not allow of any attempt to present the special indications for this remedy, in this connection; but enough has been given to show that no one can expect to do justice to such cases, who does not carefully study its entire literature—both the pathogenetic and the clinical.

**Alumin. met.** Dr. Ruhfus† narrates a case of complicated disease of the brain and nervous system—chronic cerebro-spinal disease—successfully treated by him, with Alumin. met.<sup>30</sup>, after some advantage had been derived from Bell., Phosph., and Nux vom.

**Nux vom., Rhus tox., and Cuprum acet.** Dr. H. Bennett, of Rochester, N. Y., reports‡ a case of spotted fever,

\* *Materia Medica of New Remedies*, p. 1039.

† *Allgemeine Hom. Zeitung*, Vol. LXVIII. p. 75, quoted in *Am. Hom. Review*, Vol. IV. p. 511.

‡ *North American Journal of Homæopathy*, Vol. XVI. p. 9. August, 1867.

in a lad of thirteen years, recently from England. He was taken with severe pain in the head, on Thursday; the same evening became delirious, and had spasms frequently during the night. On Friday, A. M., his head was drawn back; pupils dilated; livid spots upon face, breast, arms, and lower extremities; pulse 115 to 120 per minute. Very feeble; jaws firmly set part of the time; had occasionally vomited a green, bilious matter the previous night. He got Nux v., Rhus t., and Cup. acet., alternately, at intervals of fifteen minutes; gradually improved, and finally recovered, in a few days, under the same medicines continued at longer intervals.

**Hyoscyamus.** *Double Vision*; convulsions; delirium.

**Lycopodium.** Sopor; sinking of the lower jaw; fan-like motion of the nostrils; jerkings of the body and limbs. *Raue.\**

**Opium.** Stupor; spasms; drawing the body backwards and rolling it first to one side, then to the other; deep, slow breathing; very quick, or else very slow pulse; often violent mental emotions, fear, grief, fright, which act like a blow, stunning the whole nervous system. *Raue.†*

**Conium, Nux v., and Phosph.** All have some symptoms often occurring in this short-lived disease, and should be carefully studied. In this, as in many other dangerous forms of disorder, the true homœopathic, and therefore the only life-saving remedy, in a particular case, may not prominently suggest itself from among those which are apparently indicated, so that, unless it is diligently sought for, the patient may be lost *who might have been saved.*

\* Special Pathology, by C. G. Raue, M. D., p. 14.      † *Loc. cit.*

We are aware that there are other remedies which have been used in this form of disorder, or which may be indicated in cases yet to occur; and trust that in respect to them, as well as to those here mentioned, other physicians will contribute the results of their observation and experience. And we close with a single remark: the remedy which is indicated by the leading, dynamic, characteristic symptoms,—or by the general totality of the symptoms,—will prove beneficial even in desperate cases; although its pathogenesis does not record the livid “spots,” which often form the most remarkable objective features of cerebro-spinal meningitis. These “spots” represent the ultimate consequences of the disorder, in partial failure of capillary circulation; just as corresponding *insensible spots* \* indicate a similar partial failure of innervation,—and it is well known that very few of our remedies have been proved to the extent of developing all their ultimate, objective, pathological symptoms.]

**TABES DORSALIS.**—This affection of the spinal marrow, which affects more particularly young men, is either the direct or indirect consequence of sexual excesses, bodily fatigue, or cold. It commences with an unusual disposition to weariness in the lower limbs and back, and inability to bear fatigue, or to stand or stoop for any length of time; after a while the muscular sensations become altered, the patient fancies, when walking, that he is stepping on wool, or that the floor is shaking

\* “Along the course of the femoral nerves there were several spots, in which the skin was devoid of sensibility.” *Am. Hom. Review*, May, 1864, Vol. IV. p. 511.

or soft, and gradually he loses, without special attention, the faculty of using his muscles. In the dark, or when his eyes are closed, he loses his sense of equilibrium, and staggers; he becomes incapable of buttoning his coat, and all his motions are awkwardly and hurriedly performed; even when walking he cannot arrest his progress without holding on to something, and the most trifling obstacle disturbs him.

Accompanying symptoms are, a feeling as if ants were running up and down the spine, drawing and shooting pains, sensitiveness to currents of air, pains in the abdomen and chest, shortness of breath, and palpitation of the heart.

**TREATMENT** — The precautions noticed under the heads of self-abuse, &c., must be rigidly observed in this complaint, and the diet must be light and nourishing. The most appropriate remedies are:

**Arsenicum**, which can be given when the patient has been exhausted by excesses, his flesh being pale, soft, and bloated; attended with great palpitation of the heart, pulling and tearing pains in the back and legs, and formication along the spine.

**Graphite** is very useful, particularly when the complaint occurs in females, and is attended with great weakness in the legs and back, with palpitation, dulness of the senses, numbness or torpor of the genital organs, and pains in the chest.

**Acid phosphoricum** can be given when there is excessive formication, and heaviness which increases to pain in the lower limbs; with painful spasms in the chest and diaphragm, and palpitation of the heart. In cases of great emaciation, with languor of the body, mental op-

pression, and feeling as if the hands and feet were gone to sleep, this remedy is very efficacious.

**Lycopodium** can be employed when there is total relaxation of the nervous system, with great emaciation, extreme weariness and weakness, coldness and deficiency of animal heat, the lower extremities being particularly cold and heavy.

**Nux vomica** is very frequently of great service in this complaint, particularly when, from spermatorrhœa or sexual excesses, the patient is brought to a state bordering on imbecility, the whole body being insensible, as if asleep, the lower limbs constantly trembling, and attended with fluttering of the heart; there is great liability to cold, even the slightest current of air producing a disagreeable sensation on the skin; in fact, the whole of the organs of sense are in a state of great nervous irritation, and attended with great weariness; even the gait is unsteady, and the patient reels as if intoxicated.

**Calc. carb.** is excellent when the feet go to sleep, and pains as from bruises, with lameness, occur in the small of the back, during motion and even when sitting or standing; or when the hands and feet are cold, with paleness of the face, and frequent palpitation of the heart.

**HYDROCELE, Dropsy of the Scrotum.**—This is caused by an infiltration of serous fluid either into the cellular tissue of the scrotum, the tunica vaginalis of the testes, or of the spermatic cord. It is when the tunica vaginalis is implicated, that the term hydrocele is applied more especially. It is common to all ages, and may arise from constant riding on horseback, bruises, contusions, trusses badly applied, or inflammation of the



urethra and testicles. The tumor is soft, semi-transparent, pyriform, progressively enlarging without pain; if percussed simultaneously on both sides, fluctuation is manifest; the safest diagnostic, however, is the transparency of the swelling, a light being held in front of which, is to be examined from behind. The contained fluid is generally clear, yellowish, and smells of semen, but occasionally it is turbid, green, brownish, or deep brown. When found mixed with blood, it is termed HÆMATOCELE.

**TREATMENT.** — Cases of recent origin in young people may generally be cured by the following remedies:

**Calc. carb., Spongia**, are more particularly adapted for scrofulous patients.

**Conium**, when the affection can be traced to mechanical injuries.

**Dulcamara**, should it arise from cold.

**Digitalis**, if there is constant disposition to urinate.

**Graphite** is appropriate for persons subject to eruptions on the skin, habitual constipation, and dropsical swelling of the prepuce and scrotum.

**Mercurius** is useful should the patient have been troubled when young with soreness and swelling of the genital organs, especially of the prepuce, and is very chilly and liable to take cold during damp weather, and also when his flesh is soft and flabby, with tendency to perspiration at night.

**Pulsatilla**, if the swelling is of a bluish color, in persons subject to varicose veins, and of a lymphatic constitution, with blue eyes and light hair.

**Rhus toxicodendron** is very useful when the *left* side of the scrotum only is affected.

**Helleborus niger** is of great importance in dropsy of the scrotum, when the desire to urinate is great, although but a small quantity is discharged ; the body being generally cool, with occasional tendency to puffiness of the lower limbs.

**Digitals** can be given when the swelling does not permit the rays of light to pass, or only very feebly, arising from the fluid being dark-colored ; and particularly when the patient complains of being *bilious*, and is otherwise very poorly from indigestion.

**Arsenicum, Cinchona**, cannot be dispensed with when the patient is in a weak and debilitated state, with great weakness of the vessels, and tendency to general dropsy.

**Silicea** is greatly recommended for this disease, especially in strumous habits, and can be given in such cases in doses the same as prescribed for **MERCURIUS**.

When an operation is imperative from the great accumulation of fluid, a single dose of **ARNICA** will be sufficient to ward off any traces of inflammation.

It may here be necessary to state that the dangerous plan of **INJECTION** after an operation, for the purpose of obliterating the cyst containing the fluid, cannot be too strongly reprobated, as the disease will generally yield to appropriate remedies.

**VARICOCELE; CIRSOCELE.** — These two terms are almost synonymous, and are used to describe the swelling of the veins of the testes, which may often be mistaken for hernia (rupture). Its slow disappearance, however, in a horizontal position, and its equally slow return in an upright one, constitute a characteristic difference between the two affections. It is liable to affect persons

subject to piles or varicose veins, but may also be produced from sexual excesses, excessive costiveness, the pressure arising from a large hernia, constant riding on horseback, or continual standing during work, badly applied trusses, and venous congestion of the abdomen or of the portal system. It presents the following symptoms. A soft, knotty, elastic swelling extends from the scrotum to the inguinal ring; the nodosities disappear under pressure, but reappear again rapidly when that is removed; the scrotum hangs down relaxed, and the swelling when pressed imparts to the hand the sensation of a bundle of worms. Dull pains in the loins and kidneys are also experienced, with a feeling of heaviness and drawing in the spermatic cord and testicles, but a sensation of relief is afforded by supporting the scrotum with the hand; there is also a good deal of perspiration on the inner side of the thigh, which is in contact with the diseased testicle. Although this affection never endangers life, at times the pains become very severe, and strike to the renal region and thighs, so as to impede walking; depression of spirits, fretfulness, and hypochondriasis are sometimes the consequences of it.

**TREATMENT.**—This affection often proves very intractable, and it is only possible in some instances to give temporary relief. In all cases a suspensory bandage should be worn.

**Pulsatilla, Nux vomica, Sulphur.** These three remedies, which are generally the most efficacious in the treatment of varicose diseases, can be employed with advantage in this complaint.

**Pulsatilla** is likely to prove most useful when the patient is of a mild disposition, and subject to venous con-

gestions, with a bluish appearance of the veins of the part.

**Nux vom.**, **Sulphur**, are to be preferred when there is constipation and derangement of the stomach, with irritable disposition.

**Aconitum** is to be administered when there is great engorgement of the vessels, and the tone of the vessels is very much impaired.

**Belladonna** is useful when the patient suffers from congestion in other parts of the body (*e. g.* in the head), and when the swelling feels hot and hard, with stitching and throbbing pains.

**Arnica**. When contusion has given rise to the complaint, the external use of this remedy is very necessary.

*Directions for Use.*—A teaspoonful of the strong Tincture to be mixed in half a pint of water, and applied by means of a rag, three times a day.

**Lachesis** is indispensable should the veins assume a livid appearance, and there is great depression of spirits.

**Calc. carb.** may be given in alternation with, or after **BELLADONNA**, especially if the sexual desire is very much excited, the skin and hair dry, and there is costiveness.

**Lycopodium** can be employed in the same way as the last remedy, when the sexual power is very weak, and desire depressed.

**Sepia** is frequently of service when there is chronic congestion of the parts, which feel very heavy and tense.

**Hamamelis Virginica**. This very important medicine in varicose diseases will frequently prove of material value, when no other medicine appears capable of effecting any improvement.

In very severe cases, a lotion, made in the proportion

of 1 to 10, from the concentrated tincture, and applied three or four times a day will prove very efficient.

Should these remedies produce no amelioration, it will be necessary in severe cases to remove the varicose vessels by means of an operation; any inflammatory symptoms that may arise being combated with ACONITE and CALENDULA.

**RETENTION OF URINE** is either complete or partial, hence the three different stages of this complaint, viz., DYSURIA (*δυσ*, *difficult*, and *ουρον*, *urine*); STRANGURIA (*σπραγξ*, *drops*, and *ουρον*, *urine*); and ISCHURIA (*ισχω*, to *stop*, and *ουρον*, *urine*); it is a symptom of many diseases, is frequently painful, and in many cases even endangers life. Retention of urine is caused either by paralysis of the nerves or muscles of the bladder, or from mechanical obstacles, which impede the flow of urine, even though the bladder may possess its full contractile power; for instance, the urine may be retained from the pressure of a large hernia, swelling of the testes and scrotum, or accumulation of fæces in the rectum. In women it may be caused by polypi in the uterus, fibrous tumors, or scirrhus, retroversion, ante-version, or prolapsus of that organ. The mechanical obstacles may be either stone, gravel, coagula, hydatids, masses of mucus, or foreign bodies closing the canal as with a plug; or alterations in the tissues of the urethra, stricture, swelling of the prostate gland, closing or constriction of the prepuce, and engorgement of the veins at the neck of the bladder. When the retention is complete (*ischuria*), the patient experiences a sense of heaviness in the perineal region, urging to stool without being able to gratify

the desire, acute pains above the symphysis pubis, extending to the kidneys and glans penis, and greatly increased on walking, coughing, or rising from a chair, constant desire to pass water, with anxiousness and restlessness, all endeavors to relieve nature being fruitless; nausea and oppression of the chest set in, and face and eyes become red, palpitation of the heart, sweat, and vomiting next take place. As the bladder fills, it rises to the pit of the stomach, forming a visible tumor, which presses on the viscera. When the distention has reached this stage, the urine is gradually absorbed into the general circulation, while violent fever, delirium, and coma supervene. Death ensues, either from inflammation or bursting of the bladder, which then discharges its contents into the abdominal cavity.

TREATMENT.—Should the retention arise from an accidental delay in voiding urine, a single introduction of the catheter will remove the whole of the symptoms; the application of a bandage dipped in *cold* water, causing an immediate contraction of the bladder, will often prove equally effectual. When paralysis of the bladder occurs, the catheter should be used, and even left for twenty-four hours in the bladder. The mechanical obstacles in the other cases must also be met with appropriate mechanical remedies.

The following remedies relate only to those cases in which the retention is caused by complete or partial paralysis, or spasm of the bladder or its sphincter:

**Aconitum** is very useful in retention of urine, with pressure in the bladder and pains in the loins, or when the urine deposits a bloody sediment, and there is heat at the neck of the bladder and continual urging to



urinate, and particularly when febrile symptoms are present.

**Arsenicum.** Retention as if from paralysis of the bladder, with difficult and painful micturition, of a scanty nature, and burning in the urethra at the time.

**Cannabis.** Obstinate retention of urine, and nocturnal strangury; or emissions scanty and sanguineous, passed drop by drop.

**Cantharis.** Spasmodic retention of urine, with cramp-like pains in the bladder, with urgent and ineffectual efforts to pass water; or painful emissions taking place drop by drop.

**Nux vomica.** This remedy is of great service, particularly when the lower part of the spinal column is affected, causing abortive urging to urinate, attended with pains in the bladder (dull pressure or burning), and spasmodic contraction of the urethra, the urine passing drop by drop.

**Pulsatilla** is very good, when, with the retention, there is heat in the region of the bladder, and uneasy pain in the abdomen, accompanied with urinary tenesmus.

**Sulphur** can be given in cases when the urine is retained, and, when any can be passed, is attended with great pain and effort, and sometimes mixed with blood.

The other remedies which may be consulted with advantage in spasmodic cases are, **HYOSCYAMUS**, **BELLAD.**, **CALC.**, **CARBO VEG.**, **CONIUM**, **GRAPHITE**, **HELLEB. NIG.**, **IGNAT.**, **LYCOP.**, **PLATINA**, **ACID PHOSPH.**, **STAPHYS.**, **ZINCUM**

When mechanical causes are the origin of the retention, *surgical* assistance is necessary, but material aid is afforded afterward by such remedies as **ACON.**, **ARN.**, **BELLAD.**, **COCCULUS**, **IPECAC.**, **NUX VOM.**, **SULPH.**, **VERAT**

For the indications for which, *vide* CHARACTERISTIC EFFECTS.

**ENURESIS, Incontinence of Urine.**—This disease, which is not dangerous, but exceedingly disagreeable, when not a symptom of incipient tabes dorsalis, most frequently affects old people. It generally arises either from weakness, or paralysis of the sphincter muscle of the bladder, in which cases the urine passes off in drops without intermission. Another variety is that of nocturnal enuresis, occurring generally among children, although adults are sometimes subject to it.

**TREATMENT.**—When this is the case, the patients should be roused two or three times in the night, in order to accustom them to regular emissions of urine; children subject to it should eat and drink little before going to bed, and void urine previously; they should also sleep on their sides, lying on the back being very injurious; full-grown persons would do well to provide themselves with a caoutchouc convenience, to prevent the bed-clothes from being soaked. Cold sponging of the abdomen daily will be found very efficacious.

**Aconitum** is very useful when the disease occurs in hysterical females, or is produced by fright or a cold, the urine being pale and watery.

**Carbo veg.** is good when attended with acidity of the stomach, and alternating or existing simultaneously with palpitation of the heart.

**Causticum** is efficacious in enuresis where the inclination is frequent, with scanty emission and thirst.

**Conium** can be given when the tenesmus is great, and the urine clear and pale.

**Digitalis** is required for incontinence, accompanied with irregularity of the heart's action, dizziness, and slow pulse.

**Natri mur.** is recommended for frequent and urgent tenesmus day and night, and often attended with copious involuntary emission of urine.

**Petroleum.** In involuntary discharges of a reddish-brown and fetid urine, this remedy is very efficacious.

**Rhus tox.** Incontinence of urine during rest, with urinary tenesmus and profuse discharge of urine.

**Sepia** is generally useful when wetting the bed occurs during the first sleep, and when there is frequent and ineffectual desire to urinate.

**Sulphur** is to be selected when the patient is scrofulous and subject to eruptions, is given to wetting the bed every night, and tormented with constant desire to urinate during the day.

[**Physalis Alkenkengi**, in the 12th, is said to have cured a case of three years standing.]

**HÆMATURIA, Bloody Urine.**—This is an hæmorrhage from the mucous membrane of the urinary organs, and may be divided into two species, viz., *active*, and *passive*; it may arise from the kidneys, bladder, or urethra. In the former case, the pain is very acute in the back, and is accompanied with chills, anxiety, urging to urinate, and great numbness of the thighs. If the blood comes from the bladder, the patient feels a pain in the hypogastric region, heat, and itching in the urinary organs and at the anus; the pain extends to the perinæum and the glans penis, the urinary tenesmus is great and followed by the emission of a sanguineous fluid. When the

urethra is the seat of the disease, the blood is pure, not mixed with urine, and its flowing out is not preceded by urging to urinate. When the urine is mixed with pus, the matter becomes very serious, and great skill is required to conduct the case to a favorable issue.

This affection is seldom idiopathic, and usually befalls persons of an advanced age, and men more frequently than women. In some cases but very little blood is passed, whilst in others the hæmorrhage is so considerable as to endanger life.

**TREATMENT.**—In order to remove any cause of congestion in the diseased organs, all spirituous beverages, animal food, and substances that tend to excite the sexual appetite, must be avoided. When the complaint has arisen from sedentary habits, the suppression of piles, or of the menses, the patient should take frequent exercise in the open air.

**Aconitum**, when the patient is of a plethoric habit, or the disease has arisen from external violence.

**Cantharis** can be employed when micturition is painful and difficult, with violent cutting and spasmodic pains in the hypogastric region, the urine is mixed with blood, or blood and pus, or blood alone is continually dropping from the urethra.

**Camphor** is to be employed when the complaint has arisen from the internal use of **CANTHARIS**, or from the application of a blister.

**Carbo veg.**, **Arsenicum**, are frequently required after the latter medicine, where there still remains burning in the urethra, &c.

**Mezereum**, **Millefolium**, are of great importance in this complaint; the former can be used when the pains are

trifling and the blood rarely or ever coagulated [a crampy pain in the bladder, and after that bloody urine is voided]; the latter, when the hæmorrhage is considerable, the blood having a tendency to rush to the parts affected, and the urging to urinate excessive.

**Nux vomica, Sulphur, Calc. carb.** These remedies are most useful when suppression of piles, or a free indulgence in spirituous liquors has brought on the complaint, and there is painful aching in the back, attended with smarting in the urethra. They should be given in the order here marked, **CALCAREA** being preferred should the blood be discharged in clots.

**Pulsatilla** is more useful for females with discharge of dark-colored clots; although it may be prescribed for males, when there is constrictive and cutting pain around the navel extending to the back, with burning in the urethra.

**Mercurius** is of great service when the blood is discharged during sleep, and often attended with seminal emissions.

**Cinchona, Nux vom., Phosphorus, Sulphur, Calc. carb.,** are required when venereal excesses have brought on the complaint, which arises from sheer debility of the body generally, and the blood is more or less in a morbid state, with deficiency of fibrin.

**Clematis, Hepar sulph., Uva ursi.** When hæmaturia is accompanied with purulent deposit, these remedies will be found in many cases to exert a favorable influence.

**Clematis** is useful when puriform discharge, attended with burning sensation at the commencement of urination, is present.

**Hepar sulph.** is more indicated when there has been

considerable inflammation of the mucous membrane, either of the urethra or bladder, followed by greenish or yellow discharge of pus, or urine of a blood red, or brownish red, flocculent, and covered with a greasy pellicle.

**Uva ursi** may be given for slimy purulent urine, attended or not with hæmaturia.

[Constant urging to make water and straining, with discharge of blood and slime; or constant straining without any discharge at all, or only a few drops of urine, after this cutting and burning in the urethra, which is preceded by a discharge of blood; hard stools. — RAUE.]

[**Terebinthina**, indicated, according to Raue, when "the blood is thoroughly mixed with the urine, forming a dirty, reddish brown, or blackish fluid, or a coffee-ground-like sediment; burning, drawing pains in the kidneys; pressure in the bladder, extending up into the kidneys when sitting, disappearing when walking about; before urination, pressing and straining in the bladder when sitting, going off when walking; burning in the bladder, worse during micturition; in complication with scorbutic affections, and if caused by living in damp, moist dwellings."

*Terebinth* succeeds well after *Occimum canum*; a female, whose painful hæmaturia was temporarily relieved by *Occimum c.*, 2. c. (the 6th had no effect), was permanently benefited by *Terebinth*.<sup>3</sup>]

[**Copaiba**. Very similar in its action, and in its indications to *Terebinth*, is the famous *Balsam Copaiba*.



*In several cases of Hæmaturia, in females, cases of undoubted disease of the kidneys themselves, the Copaiba proved promptly curative. In one case of some months' standing, which several physicians of the old school vainly tried to relieve, and in which I had, with much study, determined the Hom. remedy to be Terebinth, its use was followed by marked improvement. This was a nursing woman, who had also diarrhœa. Her diarrhœa and other stomach symptoms had been removed by Puls., but she complained of pain all the time in the urethra; burning pain; frequent micturition; and pain in back and kidneys; much blood mixed with the urine. While taking the Terebinth, which seemed to be curing her, she was persuaded, by an old woman, to take the Balsam Copaiba. She took about two ounces in the course of two or three days, and was immediately and permanently cured. I can, myself, vouch for the long standing and severity of the case; and for the fact of the woman's complete restoration to health and strength under the influence of the Copaiba. There was no reason to suspect the presence of any gonorrhœal complication or infection in this case. Several similar cases have been reported to me, as made with this same remedy in the hands of the laity.]*

[**Lycopodium** is often indicated when there is either gravel (red sand in the urine) or chronic catarrh. See also *Sarsaparilla*, in the next section.]

[**Nitric Acid** is said to be specific in active hemorrhage; it is, of course, all the more indicated in mercurialized persons; by tenesmus after urinating, and in gonorrhœal cases.]

[**Secale c.** In passive hemorrhage, as if from dissolution of the blood ; with coldness of the body (disposition to throw off the clothes); great prostration.]

[**Sulphur.** After suppressed cutaneous eruptions, and *hemorrhoidal discharges*; stinging and burning in the urethra.]

[**Occimum Canum.** Indispensable in hæmaturia, with venal colic, or cramps. See "Indications of the Medicines," in this work, for symptoms.]

[**Erigeron** and **Hamamelis** have been empirically recommended in hæmaturia. To this may be added **URTICA URENS.**]

[For further indications of most of these remedies, and others not here named, consult Raue's Pathology, and the pathogenesis of the remedies themselves.]

**CALCULUS AND GRAVEL.** — Under certain conditions, arising generally from the presence of a gouty or rheumatic diathesis, the urine, as it cools, deposits small crystals, which assume various forms, their surfaces being smooth, facet-shaped, or rough, according to circumstances, discernible to the naked eye; varying in consistence and size, from a fine pulverulent deposit like sand, to that of bodies as large as a pea. They also differ considerably in color; when they consist of **URATE OF AMMONIA**, with or without free **UREA**, their color is red, and the urine accompanying them gives an acid reaction.

When the gravel is formed in the kidneys, although generally red, it may be reddish-brown, brown, yellow, grayish-white, or ash-colored. There are, perhaps, but few complaints which are so modified by external circum-

stances as gravel ; a patient, leading a sedentary life, suffering from deposits of UREA, URIC ACID, or URATE OF AMMONIA, the urine giving an *acid* reaction, when removed into the country, and taking plenty of exercise, will find in a day or so that the deposit has totally changed its character, and that OXALATE OF AMMONIA, or of LIME, is now present, with an *alkaline* reaction of the urine. Again, a person having calculus in the bladder, formed from the acid deposit, if placed under a course of alkalies, so far from their removing the complaint, they will often aggravate the original mischief, by causing an *alkaline* deposit upon the *acid* calculus. It hence follows that it is not so much the *excessive* presence of azote in the blood, as a certain morbid disposition of the renal vessels, which causes the abnormal secretion. Nor is strict attention to diet always efficacious, as the *less* azote the food contains, the *greater* the deposition of acid or alkaline formations. It may be as well to add, that an acid deposit is convertible into an alkaline one, and *vice versâ* ; for this reason, that the *ultimate* elements of both are the same, and only differ in their proportions, or the tendency, at the time, of the renal vessels to secrete lime or phosphates. UREA, URIC ACID, AMMONIA, all contain azote and hydrogen, the two former carbon and oxygen as well, whilst oxalic acid, which forms the oxalates, consists of carbon and oxygen alone.\* Hence the exceeding difficulty and the great

\* URINARY DEPOSITS. — *Urea*. —  $C^2H^4N^2O_2$  or  $C^2NO + NH^3 + HO$ . This constituent principle of urine appears under the form of silky crystals or prisms, with four transparent faces, having a fresh savor, analogous to that of nitrate of potash ; it is inodorous, and gives no acid or alkaline reaction.

care required in treating this complaint, which, if mismanaged, leaves to the unfortunate sufferer no resource

*Uric Acid* —  $C^{10}N^4H^4O^6$ . This acid is deposited from urine as a yellowish powder, which adheres strongly to the vessel. When purified, it presents itself as white crystalline scales, soft to the touch, is inodorous and without taste, is soluble in 1150 times its weight of boiling water, and then changes litmus-paper to a bright red.

*Urate of Ammonia*. —  $NH^3 + C^{10}N^4H^4O^6$ . Deposited as a gray sediment when the urine begins to cool, but, in intermittent fevers and acute rheumatism, the deposit is reddish; it is often found in calculi. When treated with caustic potash, the ammonia is liberated.

*Oxalate of Ammonia*. —  $N^2H^6C^2O^3 + HO$ . This salt forms crystals, which are elongated, colorless, and transparent prisms, rather less soluble in water than oxalic acid, and completely insoluble in alcohol.

*Phosphate of Lime*. —  $8CaO + 3PhO^5$ . This is a whitish or gray deposit, soluble without effervescence in diluted acids.

*Oxalate of Lime*. —  $CaO + C^2O^3$ . *Mural stones*. Calculi formed entirely of this deposit are very rare; when pulverized and treated with sulphuric acid, they disengage a gas (carbonic oxide) which burns with a bluish flame; they are also soluble without effervescence in nitric acid.

*Cystine*. — These calculi are very seldom to be met with; they are to be recognized by their ready and complete solution in caustic potash, and if the solution be boiled, after an addition of acetate of lead, it becomes black by the formation of sulphuret of lead.

*Ammoniaco-magnesian Phosphate*. —  $Ph^2MO^5N^2H^6H^2O$ . These calculi are grayish-white, and readily soluble in acetic acid; when treated with the perchloride of iron and ammonia, the solution yields a sediment of phosphate of iron, the magnesia remaining in solution.

*Benzoic Acid*. —  $C^{14}H^{10}O^3$ . Is sometimes found in the composition of urinary deposits, the urine being then generally very fra-

but that of an operation for the removal of the calculus. Should the deposit take place in the bladder itself, or any foreign body (such as a broken catheter) get lodged in that organ, the urine is sure to form a coating upon it, which gradually increases in size, till a veritable stone is formed which can only be removed by an operation. When this occurs, the symptoms of the disease are greatly intensified. The pains become excessive, and extend through the whole of the hypogastrium, and convulsions and irritative fever are frequently the result. Retention of urine and urging to urinate accompany these symptoms, and are followed in a day or two by the emission of red, or black urine, mixed with blood; hæmaturia and inflammation of the kidneys often accompany LITHIASIS (stone in the bladder).

TREATMENT.—When this complaint is first suspected, the first thing to do is to daily test the urine with pieces of litmus and turmeric papers. Should the urine be *acid*, the litmus-paper will change from blue to red; or if *alkaline*, the turmeric paper loses its yellow color, and assumes a brown tint. When the urine is acid, a *vegetable* diet exclusively will be generally the best, or an *animal* one when the deposit is white and alkaline; much, however, must depend upon circumstances, and the patient will often be called upon to display his judgment and discretion in this matter. Cheese, and other indigestible forms of azotized food, are very favorable to the formation of URIC ACID, and must therefore be avoided,

grant. When purified, it crystallizes in hexagonal needles, or in white, shining, flexible, and silky lamellæ, of a smarting, acrid savor, unalterable in the air, slightly soluble in water, but readily so in boiling water and alcohol.

as well as sour drinks or acid fruits, &c. All diseases having a tendency to produce retention of urine are very liable to favor the development of this complaint, and the urine in these cases should be very carefully watched. When there is no hereditary predisposition, or no organic disease of the kidneys, gravel is generally easily cured, particularly so if URIC ACID is the constituent; but the presence of the PHOSPHATES denotes organic disease of the mucous membrane of the kidneys or bladder, and is exceedingly intractable.

In gouty or rheumatic patients, this complaint is usually only a symptom of the disease itself, and can only be subdued with the eradication of the original taint.

DIET.—A strict diet is the best prophylactic against gravel, and is sufficient sometimes to arrest the formation of the urates in the kidneys. When the urine is deep red, or bloody, *animal* food is absolutely poisonous, and light *vegetable* diet is to be enforced. When it is induced by the exclusive use of heavy food, cheese, farinaceous compounds, or food containing much saccharine matter, and the constitution is debilitated, animal food should be used in moderation; wine, beer, and spirits, are to be carefully avoided, and fresh *pure* water, rice, barley, or toast and water substituted. The influence of water on this complaint must not be overlooked; when possible, a residence among the mountains, or wherever the water is nearly *chemically* pure, is recommended. The solvent power of *pure* water is so great, that secretions from the kidneys, insoluble in *ordinary* water, are removed from the body in a state of perfect solution, when the better water is drank; the absence, too, of earthy salts in the water relieves the



secreting vessels of much unnecessary work. Where pure soft water is not to be had, filtered rain-water is the best substitute.

**Belladonna** is very good in cases where the urine is of a gold or citron color, depositing a *red* sediment, with nocturnal pressure in the bladder, and shooting, burning pains in the region of the kidneys.

**Cannabis** is useful when the urine is turbid, as if mixed with blood or pus (or when small calculi are discharged), and attended with strangury and pain in making water.

**Colchicum** can be given when the urine is scanty, and of a bright red color, or brownish and blackish, as if containing blood; it is also very useful in *whitish* deposit, with great burning in the urethra.

**Uva ursi.** When the kidneys are affected, and the urine is albuminous, or mixed with pus, and deposits a *white* sediment, this remedy will be found useful.

**Sarsaparilla** can be given for sanguineous urine, or urine charged with acrid and turbid matter, and depositing gravel.

The following remedies may be also studied with advantage:

For *opalescent* urine — CALC., CINCHONA, HEP., IOD., PETROL., PHOSPH., PULS., SULPH.

With *gelatinous sediment* — COLOC., PULS.

With *gravel, sand, or stone* sediments — (1) LYC., SARSAP. (2) CALC., CANN., NUX V., PETR., PHOS., SEP., SIL. (3) ANT., CALC., CANTH., CINCHONA, LACH., NATR. M., NITR. ACID, PULS., THUJA, ZINC.

*Loamy* sediment — SARS., SEP., SULPH., ZINC.

Sediment, resembling *flour, chalk, or lime* — ANT. T., CALC., CINCHONA, GRAPH., MERC., NATR. MUR., PHOSPH. ACID, SULPHUR.

*Reddish brick-colored* sediment — (1) CANTH., CINCHONA, LYC., NATR. MUR., NUX V., PHOS., PULS., SEP., SCILLA. (2) ACON., ANT., ARN., DULC., LACH, NITRIC ACID, SILIC.

*Whitish* sediment — COLCH., DULC., HEP., NITRIC ACID, PETR., PHOSPH., PHOSPH. ACID, RHUS, SULPH.

Smelling strongly of *ammonia* — CARBO VEG., IOD., MOSCH., NITRIC ACID, PETR., PHOSPH.

### BLENORRHŒA VESICÆ, Catarrh of the Bladder :

This is a mucous or puriform discharge from the lining membrane of the bladder, without any inflammatory symptoms being present ; there are two varieties, the *chronic* and the *ulcerous* blenorrhœa, and both are sequelæ of acute diseases, although they may be sometimes idiopathic. It is characterized by a considerable secretion of mucus, which is discharged from the bladder with the urine, which at first appears simply turbid, and the mucus suspended in it falls gradually to the bottom of the vessel, as a whitish-gray transparent layer, above which the urine remains clear, when precipitation has entirely ceased. As the disease develops itself, the mucus is secreted in larger quantities, and floats in the urine in the shape of flocks and filaments, of a white, yellow, or greenish color, the urine becomes thick, and instead of preserving as before its *acid* reaction, it becomes *alkaline*, emits an offensive odor, and is rapidly decomposed. The discharge of urine now becomes painful, slow, and intermittent ; the stream is sometimes suddenly interrupted, and after many vain exertions, a plug of mucus is expelled, and then the urine passes more freely. Incontinence of urine, especially at night, obliges the patient to urinate

every half hour, or oftener, which is attended with pain in the bladder, urethra, and perinæum. Spasm of the bladder frequently precedes the emission of urine, and disappears at the termination.

When this complaint has been overlooked at its commencement, the general health suffers, digestion is impaired; constipation and pains in the loins, and sometimes paralysis of the bladder, are the consequences of this disorder, which may easily become fatal, should the urine begin to be absorbed into the general circulation. Old men rather than women, individuals of sedentary habits, literary men, tailors, shoemakers, &c., are particularly liable to catarrh of the bladder, and it is met with more frequently in low and damp regions, and along the sea-coasts, than anywhere. Organic diseases of the bladder, mechanical or chronic irritation caused by frequent introduction of the catheter, the use of ardent spirits, new beer or wine, piles or gout, the internal use of CANTHARIS, suppressed gonorrhœa, badly treated CYSTITIS, &c., are the most frequent causes of catarrh of the bladder.

TREATMENT.—It will be advisable for the patient before voiding urine, to move briskly about for a short time to prevent the mucus settling at the bottom of the bladder, which should be *completely* emptied before retiring at night by means of a catheter.

In the *first* stage of the disease, the most useful medicines are BELL., HYOS., MERC., and PULS.

The *second* stage requires CAPS., CARBO VEG., HEL. LEB. NIG.

*Scrofulous* patients may require CON., DULC., or STAPH.

For the *spasms* which sometimes arise — BELL., CANN., CANTH., DIGIT.

*Gouty* patients require COLOC., SABIN.

In *chronic* cases — ARG., CALC., GRAPH., LYC.

*Purulent* urine requires CANN., CANTH., CLEM., LYC., NUX VOM., PULS., SEP.

*Fibrinous flocculent* urine — ANT. TART., CANN., CANTH., MERC., MEZ., NITRIC ACID.

*Slimy* urine or sediment — (1) ARS., DULC., MERC., NATR. MUR., PULS. (2) ANT., CANTH., CARBO VEG., COLOC., CON., HEP., NITR. ACID, NUX VOM., SARSAP., SULPH.

*Mucous threads* in the urine — ANTIM. TART., CANN., CANTH., MERC., MEZ., NITRIC ACID.

*Viscid* urine — ARGENT., CANTH., COLOC., KREAS., PHOSPH. ACID.

The following are the indications for the principal medicines :

**Belladonna.** Spasm or paralysis of the neck of the bladder, and involuntary emission of urine, even during sleep; the urine deposits a red or whitish thick sediment; shooting pains in the region of the kidneys, and nocturnal pressure, and sensation of motion in the bladder.

**Cannabis.** Nocturnal strangury, as from paralysis of the neck of the bladder; stoppage of the urethra by mucus or pus; urine bloody, and mixed with pus; emission of urine drop by drop, with burning pains in the urethra and bladder.

**Cantharis.** Retention of urine, with cramp-like pains in the bladder; flow of sanguineous mucus; pulsation in all the urinary organs; painful sensibility of the region of the bladder when touched.

**Colocynt.** Tenesmus of the bladder; fetid urine,

which soon becomes thick, gelatinous, and glutinous. [Aggravation *before* and *after* urinating.]

**Conium.** Thick, white, and turbid urine, and mixed with viscid mucus, with pressure on the bladder, as if the urine were about to be ejected with violence.

**Dulcamara.** Viscid urine, mixed with mucus; thickening of the bladder; involuntary emission of urine, as from paralysis of the bladder.

**Mercurius.** The stream of urine is excessively small, or is even passed drop by drop; the urine appears as if mixed with flour or chalk, depositing a thick sediment; white, flock-like clouds in the urine; discharge of tough mucus and filaments with the urine; cutting and contractive pains in the renal region.

**Pulsatilla.** Tenesmus of the bladder, with painful pressure; urine gelatinous, mucous, or mixed with blood and pus; or swelling at the neck of the bladder, with pain when pressed, and accompanied with pain in the loins.

**HYPERTROPHY OF THE BLADDER.**—Thickening of the bladder develops itself gradually, and is, perhaps, not detected till the urinary discharge is much interfered with. The tenesmus becomes troublesome, the emissions of urine disagreeable, and the stream is weaker, while the bladder is never perfectly emptied, and forms a painless globular swelling above the pubes; there is a sense of heaviness in the pelvis, or pressure at the perinæum or the rectum, with difficulty of passing the fæces, and pressure on the sacral nerves, and a feeling of numbness, and even paralysis of the lower limbs. When the affection is accompanied with contraction, the bladder holds

only a few ounces of urine, and the patient is compelled to void urine every few minutes, the bladder feeling as if it were full.

**TREATMENT.**—Generally speaking, this can only be *palliative*. Depending as it does on the cause of the complaint (for instance, catarrh of the bladder, calculi, affections of the prostate gland, strictures of the urethra, &c., &c.,) the means adopted must bear direct relation to that cause.

**Calc. carb.** is useful when the mucous or glandular systems are deranged, and the urine deposits a brick-dust or whitish sediment.

**Dulcamara** is to be preferred when the complaint has arisen from catarrh of the bladder, with profuse secretion of mucus, or when it has arisen from cold or damp. This remedy can often be followed by **SULPHUR** with the best effects.

**Mercurius.** When the complaint has been preceded by inflammation of the mucous membrane of the bladder or urethra, or as a sequel to gonorrhœa, with whitish sediment in the urine.

**Pulsatilla** is of great service when catarrh of the bladder has produced engorgement and consequent exudation into the tissues of the bladder, attended with slimy, mucous, or purulent discharge.

**SPASM OF THE BLADDER.**—This may be a mere symptom of some urinary disease, or an idiopathic affection of a purely nervous character, without any organic alterations. In the latter case, the patients, toward the end of an urinary emission, experience suddenly a violent constrictive pain in the region of the bladder, especially



in the perinæum, which extends to the urethra, and in the male spreads towards the glans; sometimes it is accompanied with painful erections, and affecting the groins, thighs, and testicles. It is also frequently accompanied by painful tenesmus at the sphincter ani, involuntary stool, and prolapsus of the rectum; the pain, which sets in in paroxysms, lasts a few minutes, never more than fifteen to thirty minutes. There is painful tenesmus of the bladder, which cannot be relieved till the spasm abates, when a full stream of urine is emitted, which is clearer and paler than usual. Violent spasm is accompanied with anguish, restlessness, trembling, general nervous paroxysms, cold sweat, small and contracted pulse, and vomiting.

**TREATMENT.**—The most appropriate remedies are:

**Aconitum**, when the spasm is caused by a cold, exposure to damp, suppression of perspiration, or when it is a symptom of hysteria.

**Cantharis** is good for excessive urging to urinate, with cutting and tearing pain in the region of the bladder.

**Nux vomica** can be given when the spasm is accompanied with debility and tendency to general convulsions, attended with a painful desire to urinate.

**Pulsatilla** is very useful for hysterical females, and when the spasm is characterized by constrictive pain in the region of the bladder, with urinary tenesmus, and involuntary emission of a little urine.

The other remedies which sometimes are useful are ARSEN., BELL., CALC., CARBO, CONIUM, GRAPH., HELLEB., IGNAT., LYCOP., PHOSPH. ACID, PLAT., STAPHYS., SULPH., ZINC., for indications for which the reader is referred to the CHARACTERISTIC EFFECTS.

CHARACTERISTIC EFFECTS  
AND  
INDICATIONS OF THE MEDICINES,  
REFERRED TO IN THIS WORK.

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PRELIMINARY REMARKS.

*The Reader should be careful to observe the ASSEMBLAGE of the symptoms in consulting each article. A SINGLE SYMPTOM is rarely CHARACTERISTIC. It is the presence of one symptom (or more) simultaneously with other manifestations which characterizes disease, and indicates the treatment. It is, therefore, essential to the right use of these articles, that the conditions and accompaniments should be closely marked, and that the symptoms should be studied in groups.\**

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**Acidum fluoricum.** Continual dull pains, deeply situated in the groin and region of the bladder; pressure on the bladder, with sensation of warmth in the abdomen; before and after urination, pain in the lower part of the bladder; urine pungent and strong; sexual desire much increased; pains in the bones, burning and intermittent;

\* "Laurie's Homœopathic Domestic Medicine," 8vo, p. 729.

aching pains in the bones of the arms and legs; bruised and aching pains in the os sacrum; temper ill-humored, fault-finding, anxiously disposed, and given to imaginary fears.

**Acid nitricum.** Disposition: sadness and despondency; excessive nervousness, with timidity and tendency to start; taciturnity, ill-humor, and aversion to work; at times changeable mood; weakness of memory, thoughtlessness, cloudiness, and dizziness of the head, and inability to perform any mental work. Dryness and itching of the skin; ulceration of the skin, with stinging pains, bleeding when dressed, the ichor discharged corroding the skin. Painless ulcers, with gray inverted edges, bleeding readily and with secretion of ichorous pus. Itching, smarting, and stinging eruptions, like psoriasis. Ulceration of the uvula, pharynx, fauces, and cheeks, sometimes accompanied with salivation; great dryness of the mouth, with thirst; soreness of the tongue; vesicles on the tongue and at its edges. Thin stream of urine, as from contraction of the urethra; the urine is pale and copious, or scanty, turbid, and offensive. Often, after standing, it becomes milky white, or deposits a quantity of red-brown gravel, or sediment, and occasionally filaments and flocks; when the sediment is white, the odor is ammoniacal. Smarting and burning after micturition, ulceration of the urethra, with yellowish discharge; discharge of bloody mucus from the urethra. Great falling off of the hair of the genital organs. Itching of the penis, especially the glans, under the prepuce; red spots on the penis, becoming covered with scabs; ulceration of the glans, with elevated, lead-colored, sensitive edges, or superficial flat ulceration of the corona glandis

looking clean, but emitting a fetid pus; considerable swelling and phimosis of the prepuce without much redness; on its internal surface and border, and in the orifice of the urethra, *chancre-like*, suppurating ulcers, with flat edges, accompanied with violent lancinations, increasing towards evening, becoming worse at night, and hindering sleep, and much aggravated towards morning by violent erections. Small flesh-colored excrescences on the corona glandis, emitting fetid pus and bleeding when touched; small itching pimples, bursting in a few days, and changing to a dry scurf; pimples, bursting, and changing to flat ulcers when rubbed, on a level with the skin, yellow, and covered with thick pus; these are only slightly red, and painless; swelling of the (right) testicle and tearing in the spermatic cords, and painful feeling of the testicles when touched; diminished and even deficient sexual desire and copious emission of prostatic fluid. Drawing pain in the periosteum; caries of the bones of the head and face.

**Acidum phosphoricum.** Lowness and sadness of spirits, with great anxiety about the health; thoughtlessness and forgetfulness, want of ideas, and weakness of mind, with difficulty of comprehension; objects appear unstable, and, when walking or standing, there is great difficulty in keeping on his feet. Formication of the whole body, and soreness of the skin, with violent burning, pricking, and red rash appearing in various parts. Oppression of the stomach, with drowsiness; sour eructations, with constant nausea, and occasional vomiting; coldness in the stomach. Retention of urine, terminating in frequent micturition, the urine being watery, — or dark, with clouds; pale urine, forming thick, whitish

flocculi, — or milky urine, as if stirred with flour, and containing bloody jelly-like lumps, and often very fetid ; cutting, drawing, or burning pains in the urethra, with swelling of the orifice ; painful spasmodic constriction of the bladder ; tingling, itching, and heaviness of the glans, pressure and pains, or gnawing in both testicles, increased by contact, and swelling of the spermatic cord ; small red pimples on the penis, with feeling of heat ; discharge of prostatic fluid, when straining at stool ; falling off of the hair of the sexual parts ; heat and burning in sycotic excrescences, and soreness of the same when sitting or walking.

**Aconitum napellus.** Heat, burning, and pressure in the eyes, with great intolerance of light, the vessels of the conjunctiva and sclerotica being very much inflamed and injected ; painfully tensive, red, and hard swelling of the lids. Enuresis, accompanied with profuse perspiration, difficult and scanty emission of urine, which is brown, burning, and depositing a brick-dust sediment ; burning in the urethra during urination ; stinging and pinching of the glans ; tingling in the genital organs.

**Agaricus muscarius.** Difficult emission of urine, the stream being slow, feeble, and intermittent, or even passing in drops ; pressure in the region of the kidneys and loins ; frequent urging to urinate, with entire relaxation of the penis. Cramp-like drawing in the groin during urination ; discharge of viscid tenacious mucus from the urethra. Frequent erections, with involuntary emissions ; every embrace being followed by great debility and languor, profuse perspiration, and sometimes by burning itching of the skin.

**Agnus castus.** Great deficiency of sexual instinct,

the penis being so relaxed, that nothing excites it ; discharge of yellow matter from the urethra ; emission of mucus from the urethra, during sexual excitement.

**Antimonium crudum.** Brown spots and dots, like small hepatic spots, here and there, especially on the arms ; blotches in many parts of the body, coming out, with itching, and disappearing in a few hours ; golden-yellow, or brownish-red urine, depositing small red corpuscles after standing some hours ; frequent micturition, with considerable discharge of mucus and burning in the urethra, with pain in the small of the back ; fine itching of the penis ; violent itching of the extremity of the glans. Dejection of spirits, with attacks of anxiety and uneasiness ; weakness of the head, and threatened dementia, with complete apathy ; falling off of the hair ; lassitude, tremulous fatigue, and heaviness in all the limbs after eating ; bitter eructations, like bile, with pressure at the stomach, like a dull cutting ; feeling as if the stomach were distended with food ; sensation in the intestines, as after a violent diarrhœa.

**Antimonii tartras.** Dark yellow spots of a considerable size, particularly on the fingers. The coats of the eye becoming redder and more sensitive, swell up, the ciliary vessels becoming turgid with blood ; tearing and burning pains in the eyes. Acute sticking pain in the lower portion of the bladder, violent pressure on the bladder, with scanty emission, and tension in the perinæum ; the urine passes in drops, the latter portion being bloody and accompanied with violent pains ; inflammatory, red urine, depositing bloody, red filaments when standing, and having an acrid smell ; pustules on the glans ; constant sticking pain in the posterior part of the urethra ; tearing in the testicles.



**Apis mellifica.** Violent inflammation of the skin, accompanied with smarting and burning pains; bright scarlet or crimson color of the skin, accompanied with swelling; violent burning, itching, and swelling of the urethra.

**Argenti nitras.** Burning and dryness of the eyes, with pressure, heat, and pain when moving them; scarlet redness of the eyes, accompanied with intolerance of light and dimness of sight; secretion of mucus, and agglutination of the lids; the eyes, when opened, disclose the cornea swollen and intensely injected with blood; profuse purulent secretion from the inflamed parts; intense pains in the eyes, the cornea gradually becoming infiltrated, producing haziness, and afterwards more or less opacity of the part. Burning, dragging, or ulcerative pains in the urethra, which feels swollen, hard, or knotty; oozing first of mucus, then of pus of a bright yellow color, accompanied with excessive pain in urinating. The urine is often dark-colored or bloody, is longer in making its appearance than usual, the latter portion passing off with difficulty; painful tension of the penis, producing chordee; shootings, from behind, forward. Chancre-like ulcers on the prepuce, at first covered with pus, but afterwards exhibiting a pretty spacious depression, with tallow-like coating.

**Arnica montana.** Urine of a brownish color, depositing a brick-dust sediment; brown clear urine, which immediately becomes whitish and turbid; frequent, but ineffectual desire to urinate, or slow and difficult emission of urine; reddish-blue swelling of the penis and scrotum, with inflammatory swelling of the testicles; painful swelling of the spermatic cord, with lacerations from the testes to the abdomen.

**Arsenicum album.** The indications for this remedy are generally characterized by threatening paralysis of the ganglionic system and of the capillary nerves, with consequent disposition to decomposition and mortification of the tissues, sudden sinking of the vital energies, prostration of strength, general collapse, solution of continuity (ulceration) of the organic tissues; it is, therefore, suited to individuals with impoverished, exhausted, and nervous constitutions, to leucophlegmatic temperaments with disposition to catarrh, blenorrhœa, and dropsical swellings; to lymphatic constitutions liable to chronic eruptions, herpes, ulcerations, and suppurations; and for choleric, lively temperaments, with disposition to melancholy.

Excessive sensitiveness, irresolution, and disinclination for anything; indifference to life, with disposition to commit suicide, great restlessness, with *trembling*, and weeping; weakness of the mind and inability to think; frequent yawning, with sleepiness; grinding of the teeth at night, and restless sleep; general rapid sinking of strength, and excessive debility, particularly of the lower extremities; trembling of the whole body; coldness and chilliness of the body, the skin being dry, scaly, and shrivelled; blue spots on the skin; little blotches, which heal with difficulty; ulcerations and eruptions of the skin, presenting a dark red, or livid, bluish-green, or black appearance, with the characteristic *burning* pain, and secretion of thin, acrid, burning, corrosive ichor. Retention of urine, as if the bladder were paralyzed, with great urging to urinate; scanty dark yellow, or greenish dark-brown urine, excessively turbid, and depositing a slimy sediment; involuntary micturition during sleep; inflammation and swelling of the genital organs; corro-

sive itching of the penis ; stinging itching of the prepuce, with burning in it during an erection ; acrid, thick, yellow discharge from the vagina, corroding the parts.

**Asafoetida.** Dark red, hot swellings, with violent pain in the bone when touched, and discharge of fetid, thin, ichorous pus ; ulcers, having elevated bluish edges ; numb pressure, as of a body pressing upon the bones ; crampy jerking and drawing in the bones ; stinging in the bones of the leg ; pains in the bones during the night.

**Aurum metallicum.** Pains in the bones of the head, as if broken ; small bony swelling on the upper left side of the forehead ; feeling of soreness in the nose, with ulceration in the nostrils, swelling of the nose, and loss of smell ; putrid smell and discharge from the nose ; bony tumors on the head, arms, and legs ; swellings, resembling those produced by mercury ; formication all over the body. Turbid urine, like buttermilk, with a thick sediment of mucus ; painful retention of urine, with pressure on the bladder ; pressure, tensive pain, and swelling of the right testicle, which sometimes becomes indurated.

**Barytæ carbonas.** Swelling of the epididymis ; numbness of the sexual organs ; considerable sweat of the scrotum. Tremor of the feet when standing, compelling one to hold on to something to prevent a fall. Loss of memory, vertigo, excessive irresolution and loss of self-confidence, great sensibility to cold ; palpitation of the heart, especially in debilitated individuals.

**Belladonna.** Feeling of burning dryness in the eyes, which feel as if they were full of sand ; the eyes are glistening, red, and violently inflamed, with profuse secretion of tears, and accompanied with burning pains.

Retention of urine, which only passes off drop by drop, and deposits a white sediment, or turbid, like yeast, with reddish deposit. Wetting the bed at night, with profuse sweat. Itching titillation of the glans, resembling a flea-bite; repeated tearing in the left spermatic cord, from below upwards, in the evening when in bed; laniations along the urethra. Great general debility, with weariness and unsteady gait, the knees tottering and giving way; swelling and induration of the glandular system.

**Bryonia alba.** Stinging, burning, itching of the prepuce; stitches in the testicles when sitting; red itching rash of the glans; swelling of the labia; itching, burning, and stinging in the anterior portion of the urethra, between the acts of micturition. Hard swelling of the hypochondria; tension, burning, and stinging in the region of the liver, particularly on contact; bitter eructations and vomiting of food and bile, or yellowish-green mucus; loss of appetite and strength; heaviness and weakness in all the limbs.

**Camphora.** Thin stream of urine, as if the urethra were contracted; urine red and thick, or yellowish green and turbid, having a musty smell. Total absence of erections.

**Calcis carbonas.** Urine containing a great deal of mucus, and depositing a white substance like flour; urine having a fetid ammoniacal smell, and very clear and pale; burning and soreness in the urethra during micturition; violent stitches in the glans; itching of the tip of the glans and prepuce, which is red and inflamed; aching in the right testicle; pain, as from contusion, in the testicle; painful pressure and pain in the left groin,

while the left testicle is spasmodically drawn up to the abdomen, and is also painful to the touch. Anxiety, low-spiritedness, and melancholy, with great uneasiness about the state of the health ; irritability, faintness, and depression, with ill-humor ; weakness of memory ; confusion and tremor in the head, with continual feeling of fulness in the forehead ; coldness, paleness, and flabby feeling of the skin, with great sensitiveness to cold ; face pale and thin, with dark circles round the eyes ; appetite generally good, or even voracious, with bitter, fetid, or saltish taste in the mouth ; oppression of the chest and palpitation of the heart ; great general debility and faintness.

**Cannabis sativa.** Retention of urine, or strangury, the urine mixed with filaments or blood ; burning, stinging, and smarting pain in the urethra during urination, urine mixed with mucus and pus, requiring the use of a catheter ; spreading fan-shaped stream ; frequent erections, followed by stitches in the urethra ; painless swelling of the whole penis ; swelling of the right and lower side of the prepuce ; the prepuce is dark red, hot, and inflamed ; continual burning of the whole prepuce and glans ; corrosive burning and stinging of the outer parts of the prepuce and the corona glandis ; soreness of the margin of the prepuce, and its skin is covered with bright red spots of the size of a pea ; the glans is dark red, the same as the prepuce ; secretion of humor behind the corona glandis ; tensive pain in the spermatic cord when standing, and contraction of the scrotum, with sense of pressure in the testicles, a sort of dragging swelling of the prostate gland ; painless discharge of mucus from the urethra.

**Cantharis.** Pains in the region of the kidneys, extending into the abdomen, with extreme pain during urination; cutting, tearing, and contractive pains along the ureters; pressure, stinging, and tearing pain in the neck of the bladder; heat and burning in the bladder; violent cutting in the urethra, causing one to bend double; constant violent desire to urinate, with difficult or scanty emission, which is often tinged with blood, or mixed with tenacious mucus, attended with cutting; violent strangury, with pain in the back, and scanty, or sometimes profuse discharge; the urine is either white, red, or reddish, turbid like loam water, with white sediment, full of mucus, or jelly-like, or mixed with sand or clots of blood. During micturition, dysuria, burning, biting, cutting, or burning, jerking pain; after micturition, burning and tingling in the urethra. Discharge of dirty, purulent, or yellow fluid from the urethra, often mixed with blood, and sometimes accompanied by chordee and painful erections; violent priapism, or frightful satyriasis, with excessive pains, continuing nearly the whole night. Inflammation of the penis; itching, burning, and heat of the sexual organs; burning in the region of the excretory ducts of the seminal vessels. Drawing pains in the spermatic cord when urinating; swelling of the scrotum, penis, and frænum.

**Capsicum.** Spasmodic contraction of the neck of the bladder, with cutting pain; the urine is discharged in drops, with burning in the orifice of the urethra, and depositing a white or filamentous sediment; continual pressing and prickling in the glans; drawing pain in the spermatic cord, and crampy pain in the testicle during emission of urine and some time after; purulent discharge



from the urethra; atrophy of the testicles, extinction of the sexual instinct, falling off of the beard, and weakness of sight.

**Carbo vegetabilis.** Weakness, such as is caused by the loss of animal fluids, with anguish, irritability, tendency to start, and peevishness; bluish color of skin, with coldness and chilliness, and attended with anguish or palpitation of the heart; burning and discharge of ichor from ulcerations; great flatulence and distention of the stomach; urine dark red, as if mixed with blood, and depositing gravel or a red sediment; sometimes, however, it is thick and milky; tearing and drawing pains in the urethra, and painful jerking and burning in the urethra when urinating; frequent nocturnal pollutions, which violently depress the nervous energy.

**Causticum.** Itching of the glans and inner surface of the prepuce, which is covered with vesicles, changing to suppurating ulcers; nocturnal emissions, producing great dizziness the next day; urine depositing a yeasty sediment, or containing mucus. Frequent and increased micturition, with retarded emission of the last drops; the urine passes so easily as not to excite attention, and is lost when coughing, sneezing, or blowing the nose; involuntary discharge of urine when asleep;—great weakness and loss of memory, or absence of mind; anxious solicitude about everything that happens; excessive physical depression and failing of strength.

**Chamomilla.** Soreness of the border of the prepuce, and itching, stinging pain of its margin; burning in the vagina, with yellow or watery acrid discharge; tearing, drawing pains in the back, with contractive sensation in the spine, and painful stiffness in the loins; the sexual

desire is very excited, and accompanied with nocturnal emissions.

**Cinchona.** Great debility, and tendency to *passive* hæmorrhages and decomposition of the organic tissues, and consequent degeneration into a bad type of various diseases. In such cases the following symptoms are generally present: excessive sensitiveness of the whole nervous system, debility, exhaustion, and intolerance of noise; extreme anxiety and apprehensiveness; hypochondria; singing and roaring in the ears; paleness of the countenance; swoons; perspiration induced after the slightest exercise; restless sleep, disturbed by frightful fancies and dreams; loss of appetite, with bitter taste in the mouth; hardness and distention of the abdomen, indigestion, jaundice, and diarrhœa; scanty urine, of a greenish-yellow, with brick-dust sediment, or pale urine, depositing a loose, dingy-yellow sediment. Itching of the glans and stinging of the frænum, with darting pain between the glans and prepuce; drawing pains in the testicles; swelling of the testicles and spermatic cord; hydrocele, accompanied with tearing and drawing pains; nocturnal emissions, producing great debility.

**Cinnabaris.** Soreness in the urethra during micturition; burning, stinging, itching, with small red spots on the glans; painful itching behind the corona glandis, with exudation of fetid pus; redness, soreness, and swelling of the prepuce, with itching pain; warts on the prepuce, which bleed when touched.

**Clematis erecta.** Inveterate eruptions on the skin; scaly eruptions, with yellowish corrosive ichor;—long-lasting contraction and constriction of the urethra, the urine can only be passed in drops, and the stream is

frequently interrupted ; frequent micturition, but little at a time ; emission of puriform matter, with burning at the commencement of urination, with painful drawing in the spermatic cord, extending into the abdomen ; the testes feel painful, as if bruised, when touched, accompanied with drawing and stretching, and are often swollen and indurated ; violent erections, with drawing pains in the spermatic cord, and stitches in the urethra, lasting several hours.

**Coccus.** Sadness, anxiety, and tendency to start ; restlessness at night ; pressive headache, especially in the forehead ; aversion to food, and bitter eructations, with nausea and sinking at the stomach. Frequent desire to urinate, and emission of urine at short intervals, the pressure upon the bladder being constantly renewed ; stinging pain in the margin of the prepuce ; violent pains in the testicles, as if bruised ; nightly nocturnal pollutions ; paralytic pain in the small of the back, with spasmodic drawing across the hips, and hindering walking ; drawing, tearing, or boring pains in the back.

**Colchicum.** Increased secretion of urine, with urging ; it is either brown, blackish, or of a light yellow color, and turbid ; when heated, it deposits a quantity of albumen ; occasionally it burns like fire, and passes off continually.

**Colocynthis.** Urine of an insupportable odor, which becomes viscid, like white of egg, on standing, or urine of a pale flesh color, with a light brown, flocculent, transparent sediment, encrusting the utensil with small, red, hard crystals, which are detached with difficulty ; retraction of the prepuce behind the glans during sleep ; frequent erections.

**Conium maculatum.** Urgent desire to urinate, and wetting the bed at night, with burning during the act. Discharge of pus from the urethra; itching of the penis, glans, and prepuce, which latter is also inflamed. Pinching, tearing, and drawing in the testicles; swelling of the testicles.

**Copaibæ balsamum.** Excessive irritation of the bladder; inflammation, swelling, and dilatation of the orifice of the urethra, with pulsative pain through the penis. Itching, burning, biting, and pain, as from soreness in the urethra, before and after micturition. Foaming urine, of a greenish turbid color, and smelling of violets. Burning and sensation of dryness in the region of the prostate gland and bladder. Induration of the prostate gland, with great pain on urinating; swelling and induration of the testicles; yellow, purulent discharge from the urethra.

**Cubebæ.** Increased secretion of urine, which is dark and foaming, and having a peculiar smell; dark reddish discharge from the urethra. Orchitis, and sensation of pressure and heaviness in the pelvis.

**Digitalis purpurea.** Continual desire to urinate, with excessive discharge of urine day and night, producing great exhaustion. Involuntary emission of urine; contractive pain in the bladder during urination, which is very difficult; the urine is either light yellow, or dark, becoming still more red and turbid after standing; contusive pains in the right testicle; the scrotum appears as if filled with water. Irritation of the sexual organs, with painful erections.

**Dulcamara.** Urine turbid, white and fetid, or depositing at times a red sediment; or urine containing whitish

mucus, attended with difficulty of passing water; thickening of the bladder from previous inflammation.

**Ferri sulphas.** Mucous discharge from the urethra, dependent on atony of the vessels; nocturnal emissions. Constant erections; bright red urine, depositing crystals of the same color.

**Graphite.** Swelling of the eyelids, and redness of the conjunctiva, with intolerance of light, and fiery zigzag appearances around and outside the line of vision, in the evenings. Thin stream of urine, as if the urethra were too narrow; the urine is turbid, of a dark color, and deposits a reddish or sometimes a white sediment; swelling and induration of the right testicle, with sticking pain; darting in the left spermatic cord; obstinate ulcerations; deficient circulation, chilliness, weariness, lassitude, laziness, great dejection of spirits.

[**Guaco, Mikania Guaco.** Turchetti states, that Guaco locally applied, destroys the specific property of pus from a chancre; and prevents the production of a second chancre by inoculation. He also claims for it positive curative powers in Syphilis.

Schmidt's Jahrbuch, Bd. 101, p. 168, quoted by C. Dunham, M. D., Am. Hom. Rev. Vol. III, p. 425.]

**Helleborus niger.** Paralysis of the bladder; painful emission of small quantities of urine, which is dark; itching and fine stitches in the top of the glans; dropsy of the scrotum; general swelling of the lower limbs, particularly after suppressed eruptions.

**Hepar Sulphuris.** Salivation, ulceration of the mouth, great nervousness, swelling or inflammation of the bones,

suspicious eruptions, and other symptoms traceable to the action of mercury. Enlargement and suppuration of indurated glands, with discharge of pus; scurfy formations, without pain, on the skin; falling off of the hair; urine flocculent and turbid, depositing a white sediment; greasy pellicle on the urine, glistening with various colors; blood-red urine; the last drops are mixed with blood; sharp burning urine, corroding the internal surface of the prepuce, and causing ulceration; itching of the glans and prepuce; ulcers on the prepuce, resembling chancre; discharge of mucus from the urethra.

**Hyoscyamus niger.** Retention of urine, with pressure in the bladder; difficult micturition, the urine being yellow, and even turbid, depositing a grayish-white sediment; paralysis of the bladder; involuntary emission of urine.

**Ignatia amara.** Lemon-colored urine, with white sediment; turbid urine; painful pressure, with a sensation of scraping in the region of the neck of the bladder; smarting itching of the glans, and the inner surface of the prepuce; soreness and ulcerative pain, with itching in the margin of the prepuce; severe strangulating sensation, or pressure in the testicles; swelling of the scrotum in the evening; violent crampy pressing in the region of the uterus, with purulent discharge.

**Iodium.** Chancre-like sores, a portion of which becomes elevated, whilst the remainder deepens; swelling and indurations of the glands; wasting of the glands; dark, turbid, yellow, green, or milky urine, having an ammoniacal smell, and corroding the urethra, with itching, smarting, and intensely painful cutting in the urethra; great irritation of the nervous system, with



uneasiness in all the limbs, and increased sensibility of the whole body; trembling of the limbs, with vacillating gait, and great weakness.

**[Jacaranda Caroba.** The orifice of the urethra looks like two small inflamed lips, itching when touched. Heat and pain of the penis. Discharge of a yellowish-white liquid from the prepuce. Pain in the prepuce, as if a small bundle of fibres were seized. The prepuce cannot be drawn back, (phimosis.) Suppuration between the glans and prepuce. Acute pain in left testicle when walking. Heat and swelling of the scrotum. Slight pinching in the prepuce. *Itching pimple at the glans, suppurating like a chancre, and leaving a red spot when dry* Suppression of the sexual desire. Painful erections during a swelling of the prepuce. The contact of the urine causes tearing pains, which affect the whole organism. Itching and pricking at the margin of the prepuce. Rheumatic pains. Sleeplessness. Frightful dreams. Malaise. Nausea. Debility.

See *Mure's Materia Medica*; and *Lippe's Text-book of Materia Medica*.]

**Kali carbonas.** Inflammation of the eyes, with burning and biting sensation, and swelling of the eyelids; tearing, with pressure in the interior of the eye; sharp tearing in the orbit; blue and green spots before the eyes. Pinching in the left testicle, with dragging pain and swelling; the scrotum feels as if bruised. Pale greenish urine, or dark yellow urine, or resembling loam-water, with copious sediment, and emitted with difficulty. Violent tearing, as if in the marrow of the bones; frequent

weariness and depression of strength, and feeling of emptiness in the whole body; the whole body feels heavy and broken down; pulsation of all the arteries of the body; sudden tremulousness.

**Kali iodidum.** Ulceration of the bones, with adventitious growths of the soft parts, and fistulous openings; inflammation of the periosteum, or interstitial distention of the bone; enlargement of the glands, with incipient purulent infiltration of the parts; puffy swelling of the mucous membrane; interstitial deposit in the prostate gland, occasioning a complete retention of urine; painful urging to urinate, the urine being as red as blood; discharge of mucus from the urethra; profuse salivation, with great swelling of the tongue and excessive ulceration of the mucous membrane of the mouth; papulous and herpetic eruptions on the skin.

**Kreasotum.** Smarting swelling of the vagina, with soreness when passing urine; corrosive itching between the labia and vagina, succeeded by burning and swelling of the labia and discharge of mucus and blood; urine hot and smoking, of a dark red or chestnut color, with sediment of a brown or sometimes white color; great depression of spirits, weariness of the limbs, and uneasiness of the whole body; great diminution of the vital energy, with lax and impoverished constitution; discharge from the mucous surfaces; passive hæmorrhages (venous), with tendency to putrefaction; fetid diarrhœa, and putrid character of many of the symptoms.

**Lachesis.** Urine of a copper color, depositing a flocculent sediment; discharge of mucus with the urine, which looks like white of egg, when it has stood some time;—hard cartilaginous degeneration of the prepuce, or at-

tended with phimosis ; red spots on the glans and prepuce ; pressing in the testicles when sitting ; — violent pains in the bones, preventing sleep ; ulcerations of a bad character, being hard, cartilaginous, of a livid or greenish-yellow color, and bleeding readily when touched.

**Lycopodium.** Red, inflamed eyes, with profuse lachrymation and burning and smarting pains ; tensive and bruised feeling in the eyes ; — during urination the flow is suddenly interrupted, only a few drops of turbid and slimy urine being passed ; urine foamy, reddish-brown, and depositing a reddish-yellow sediment ; smarting sensation in the female urethra during urination ; jerking drawing in the posterior part of the urethra ; dropsical swelling of the genital organs ; darting sensation in the left testicle ; heaviness and pain in the testicles ; drawing and cutting in the glans ; excessive nocturnal emissions ; — pains in the periosteum and bones, with nightly aggravation of a drawing character ; sensation as if the bones contained no marrow ; — ulcers with hard, shining elevated edges, and copious, watery, ichorous, very fetid pus, and surrounded with blue, red, hard, painful areola, with tearing lancinating pains, which are worse at night ; relaxation of the body, with nervous irritation and tremor, the weakness often increasing after rest ; coldness and chilliness of the body ; great tendency to take cold ; oppression of the chest and palpitation of the heart ; hiccough, sour eructations, frequent nausea, weight at the stomach, dull and stitching pain in the liver after eating ; hepatic spots on the chest.

**Mercurius.** As this remedy is so constantly used in syphilitic diseases, and so much suffering has resulted from its indiscriminate employment, the following anti-

dotes are here given, covering nearly the whole of the groups of symptoms that arise from its abuse :

*Acid nitric.* Against violent pains in the bones ; ulceration of the mucous membrane ; mercurial symptoms, combined with congestions and inveterate syphilis ; stomacace mercurialis ; scorbutic hæmorrhages ; ulceration of the mucous membrane of the mouth ; affections of the periosteum and bones.

*Acid phosph.* Against periostitis.

*Arnica.* Against pulmonary hæmorrhage.

*Artemisia.* Against hydrargyrosis (mercurialization) combined with rheumatism and gout.

*Asafoetida.* Against caries and ozæna.

*Aurum.* Against cachexia and scrofula ; hypochondria ; ozæna ; induration and swelling of the testicles.

*Belladonna.* Against congestion to the head ; periostitis and otitis ; phlegmonous (painful, tense, red, circumscribed) inflammation of the glands.

*Carbo veg.* In acute poisoning with MERC. CORROS., with threatening gangrene ; ulceration of the mucous membrane of the intestines, stomacace ; gangrene resulting from salivation ; ulcers having a scorbutic and gangrenous character, with nightly burning pains.

*Cinchona.* Against excessive weakness, consequent on the loss of strength and humors ; excessive irritation of the nervous system, excessive sweats, great sensitiveness of the skin to changes of temperature, and liability to take cold ; affections of the periosteum and bones ; caries.

*Conium.* Against cold, indurated, glandular swellings.

*Dulcamara.* Against rheumatism, great liability to cold ; herpes and impetigo (running tetter).

*Ferrum.* Against cachexia, ulcers, periostitis (FERR. PHOSPH.); hydrargyrosis, combined with torpid scrofula (FERRI IODIDUM); trembling of the limbs and neuralgia.

*Guaiacum.* Against rheumatism and gout, or the two combined with hydrargyrosis.

*Iodium, Kali iodidum.* These are the chief antidotes of mercury, especially when the lower tissues are the seat of the affection, assuming the forms of secondary or tertiary syphilis, and consisting of affections of the inner mucous membrane, the outer skin, the periosteum and bones, thickening and abnormal growths of the afore-said tissues; they should, therefore, be chiefly employed in induration and thickening of glandular organs, of the testicles, liver, mesenteric, parotid, cervical, axillary, and inguinal glands; salivation and gangrene arising therefrom; cutaneous diseases, as tubercles, ulcers, and gummata; inflammation of the periosteum and bones, caries, and topi (soft swellings on the bone). When the system has been saturated with mercury in the treatment of secondary or tertiary syphilis, IODIUM will neutralize its effects and restore the susceptibility of the organism to the action of that drug.

*Kreasotum.* Against scorbutic symptoms, ulceration of the mucous membrane of the mouth and fauces; cutaneous ulcers; salivation.

*Lachesis.* Against ulcers of the fauces; gangrene from salivation.

*Lycopodium.* Against ulcers of the throat and fauces; affections of the bones.

*Mezereum.* Against ostitis and periostitis; chronic inflammation and induration of the testicles and tonsils; impetigo and herpes.

*Natr. mur.* Against scorbutic diathesis.

*Nux vomica.* Against trembling of the limbs; paralysis of the optic nerve and lower limbs.

*Opium.* Against excessive nervous irritability; neuralgia; painful salivation; hydrargyrosis, combined with rheumatism; adynamic fever, with congestion of the brain; ulcers, attended with great pain; morbid sensibility and hydrargyrosis, with decomposition of the blood; softening and puffiness of the solids and solid tissues, and colliquative phenomena.

*Phosphorus.* Against mercurial phenomena; neuralgia; ostitis and periostitis; paralysis.

*Sarsaparilla.* Against cutaneous eruptions.

*Silicea.* Ulcerations and caries.

*Staphysagria.* Hypochondria; ostitis and periostitis.

*Sulphur, Hep. sulph.* In the lower forms of hydrargyrosis, but not applicable in a perfectly developed scorbutic mercurial cachexia; for iritis, cutaneous eruptions, and ulcers; affections of the bones and mercurial asthma.

*Zinc sulph.* Against neuralgia in plethoric individuals suffering from congestions, and sensitive individuals disposed to spasms.

GENERAL SYMPTOMS.—Greater or less affection of the mucous membrane, the respiratory organs, the intestinal canal, and the urinary and genital organs; shortly afterwards, the skin and glandular tissues are similarly affected. The secretions, particularly those of the intestinal canal, mucous membrane, liver, and skin, are increased; the excretions are more abundantly, and morbidly altered; the mucus is cruder; the urine turbid; the alvine evacuations are darker and thinner, and greenish; the exhalations from the skin are clammy,



smell disagreeably, and the epidermis becomes flaccid. Gastric symptoms are in the meanwhile making their appearance; the taste becomes impaired, the breath offensive, the tongue more or less coated, the appetite diminishes; the patient complains of general discomfort; the pulse is irritable; the blood is of a serous, fluid consistence; all the secretions become more liquid, and even the solids interstitially distended. The callus of bony fractures is dissolved; the fibrous tissues, particularly the muscles, lose their tonicity; the patient feels weary and languid. The whole body, and more particularly the face, is bloated, and has a dingy, sallow appearance; the milk in the breast becomes poisonous, and often causes convulsions in the child. In severer cases the following symptoms are present: languor and exhaustion; derangement of the digestive organs; great flatulence; constipation, alternating with diarrhœa; sour eructations; emaciation; apathy. The hair loses its lustre, becomes dry, and falls off; the eyes retreat into their orbits, look dim and watery; the conjunctiva is dingy, has a reddish tinge, with clusters of varicose vessels, which become closely interwoven around its border. The iris loses its natural color; whether blue, brown, or blackish, it now looks gray and dingy; the face looks pale, dingy, and sallow; the cheeks are sunken and flabby; the nose becomes pointed; the wings of the nose assume a greenish or bluish tinge; the lips are withered and bluish (these symptoms constitute the so-called *quicksilver physiognomy*); the gums recede from the teeth, become bluish-red; the teeth lose their enamel, are covered with a fibrinous coating, turn black, become loose, and fall out. The mucous membrane of the fauces

and mouth, which is interstitially distended, looks pale, bluish, and dingy; the breath is offensive; the lips red-blue; the chin pointed and prominent; the skin of the body feels flaccid, withered, and cold to the hand; the veins, which are swollen, shine through it. The saliva is tenacious; the sweat clammy; the urine pale and turbid; the stools are watery; the exhalations have a fetid smell; mobility is diminished; the activity of the mind depressed; the patient is indifferent, apathetic, and frequently falls into a state of imbecility, preceded by weakness of memory, sight, hearing, and other senses.

**MIND AND DISPOSITION.**—Paroxysms of oppressive anxiety, general confusion of ideas, loss of memory, great tendency to start, with trembling of the whole body; peevishness, taciturnity, suspiciousness, with great irritability and quarrelsomeness.

**HEAD.**—Violent vertigo, heaviness, and dulness; weakness of intellect; craziness; absence of mind, and strange ideas crowding on the mind when employed; violent headache, pressing from within outwards; tearing headache, especially in the forehead; painful lancinations in the left side of the forehead; jerking, drawing, and pinching pains in the right temple, extending to the back part of the head; burning itching of the forehead; boring in the occiput; burning in the region of the left temple.

**EYES.**—Inflammation of the conjunctiva, the eyelids swollen and red; the canthi are excoriated, and attended with smarting pain; the margins of the lids are burning and itching, are agglutinated in the morning after sleep, and secrete a quantity of gum; pinky redness of the eyes (scleritis), with itching, smarting, and burning

pain ; secretion of mucus, and afterwards pus, from the inflamed and swollen conjunctiva ; injection of the vessels of the sclerotic, forming a circular ring round the cornea, with discoloration of the iris, with tendency to contraction of the pupil ; burning aching in the bottom of the eye, with great intolerance of light ; constant lachrymation ; a variety of colors, sparks, and fiery rings before the eyes ; ulceration of the cornea, afterwards terminating in specks (*nebulæ*), or denser white masses (*albugo* and *leucoma*). Mistiness before the eyes, sometimes vanishing of the sight for a few moments.

Nose. — Swelling of the whole nose, especially of the left side, with interstitial distention at its root ; frequent sneezing and profuse fluent coryza, which is very acrid, and afterwards changing to pus ; putrid smell in the nose.

Mouth. — Bluish redness and interstitial distention of the mucous membrane of the mouth, which forms along the line of contact with the teeth an arch of yellow color, receding from the teeth together with the gums, and bleeding readily on that account, causing the teeth to become loose, and sometimes to fall out ; swelling of the lymphatic glands, the cheeks, and tongue, which last frequently attains such a size as to fill the whole cavity of the mouth, causing the patient to open his mouth, in order to give the tongue more space ; swelling of the fauces and tonsils, involving the Eustachian tube, and diminishing the hearing ; violent burning pains attend these symptoms, and deglutition is very difficult. Cadaverous smell from the mouth on expiration ; frequent accumulation of saliva in the mouth, inducing frequent spitting ; these symptoms increase, till the saliva runs uninterruptedly from the mouth, which is constantly

open, the patients being prevented from spitting by the swelling of the parts. The mucous membrane of the mouth and cheeks breaks down where it touches the teeth, the parts bleed, and flat, painful ulcers make their appearance; the teeth are covered with thick putrid-smelling sordes, corroding the enamel, after which the teeth frequently turn black; the saliva feels hot, is very tenacious, so that it can be drawn into threads, and looks glairy or milky, and sometimes yellowish, and very rarely greenish or reddish; to the patient it tastes either sour, salt, sweetish, flat, bitter and putrid, metallic, generally acrid, on which account it corrodes the mucous membrane, occasioning cough, vomiting, &c. The quantity of saliva varies from two or three pints to sixteen pints in the twenty-four hours.

PHARYNX AND ŒSOPHAGUS. — Dryness in the posterior part of the fauces, unrelieved by drinking; at the same time the voice becomes somewhat husky, peculiarly rough, with feeling as if the entrance of the windpipe were closed with swelling. There is now drawing pressure in the posterior part of the pharynx, with stoppage of the nose, consequent upon the supervening dryness of the Schneiderian membrane, which the patients attempt to relieve by expelling the air through the nostrils with closed mouths; the air thus expelled feels rough; when talking there is pain, which is partly stinging, partly pressive, and increases to a burning if the talking is continued; this irritation of the mucous membrane gradually involves the fauces, the upper part of the larynx, and the Eustachian tube as far as the internal ear; in many cases the membrane looks dry and corroded, the patients being compelled to hawk frequently; the tonsils, velum

palati, uvula, and particularly the back part of the fauces, exhibit a redness, which varies from dark-red to bluish red, with somewhat darker spots here and there, with yellowish elevations, the size of half a pea, in those spots; these are slightly swollen mucous glands. The vessels of the mucous membrane now become injected, the uvula in particular becoming surrounded with a perfect network of vessels. Over other parts of the mouth single vessels are seen spreading in various directions, like coarse threads, generally from above downwards, of a violet-bluish color, and surrounded by clusters of other varicose vessels on the mucous membrane of the cheeks, or on the inner side of the lips, a vesicle is seen, from the size of a lentil to that of a pea; it is formed by the delicate epithelium of the mucous membrane, and is of a beautiful pale-yellow color; when opened, it discharges a clear, tasteless lymph, and the wound rapidly heals.

GASTRIC SYMPTOMS.—Bitter putrid eructations, with heartburn, frequent hiccough, nausea, and inclination to vomit; excessive appetite and hunger, but there is total want of relish for anything; metallic or coppery taste in the mouth, with very bitter taste, especially after drinking coffee; constrictive tearing pain in the stomach, with burning pain, and intensely painful aching oppression at the stomach from eating even the lightest kind of food. Painful sensitiveness of the region of the liver to contact, with burning tension and feeling of fulness; pushing and pressing from within outwards in the liver; in severe cases, complete jaundice, or induration of the liver.

STOOL.—Violent diarrhœa, with discharge of green, slimy, acrid stools, or dark green, bilious, frothy stools, with violent urging; or dysenteric stools, consisting of

blood, and mucus, or slime ; yellow or clayish stools, indicating the total absence of bile ; violent burning, biting, cutting, or pinching pains in the anus ; great anxiety and trembling before stool, succeeded by bitter, rancid eructations, and some heartburn.

URINARY ORGANS. — Frequent desire to urinate, with scanty discharge of urine, the stream being extremely feeble ; urine dark reddish brown, and very turbid, even on leaving the urethra ; or it deposits whitish flocks, or looks as if stirred with flour ; sometimes it is mixed with mucus and pus, depositing a thick sediment, or smells sour ; burning and smarting, or cutting pains accompany the act of micturition.

SEXUAL ORGANS. — Itching, stinging, and pricking in the glans, with swelling of the orifice of the urethra, with suppuration between the glans and prepuce, which feels red and hot, and is very painful when touched, or when walking ; there is voluptuous itching on the internal surface of the prepuce, with cracks and fissures, and a fine eruption ; vesicles on the fore part and sides of the glans, penetrating into the part and spreading, discharging a fluid, and then disappearing ; small red vesicles, changing to ulcers, which burst and discharge a yellowish-white, staining, strong-smelling matter ; they are round, the edges, which look like raw flesh, overlap the ulcers, the base of which is covered with a cheesy lining. Drawing in the spermatic cord, and pressure in the testicles, which are swollen and indurated. Biting sensation in the female urethra during urination, with itching of the labia. Inflammatory swelling of the vagina, with discharge of flocks, mucus, and pus, of the size of hazelnuts ; discharge of greenish, purulent, acrid fluid from the vagina.



**FEVER.**—Restlessness, languor, and worn-out feeling ; dryness of the mouth, tensive and aching pain in the head, particularly at the back ; loss of appetite, rumbling in the intestines, disgusting eructations, inclination to vomit, and hot, dry skin ; little increase of thirst ; constipation, with pressure in the precordial region ; sleep now becomes restless, with heavy, fanciful dreams ; urine fiery red, and pulse irritable, full, and quick ; the dryness in the mouth is changed to burning, the gums are dark red, and recede somewhat from the teeth, the tongue commences to swell, and the tensive aching pain in the occiput extends to the nape of the neck, and even the region of the scapulæ, inducing stiffness of the neck. The patient smells unpleasantly, and has a coppery, metallic taste in the mouth ; he moans continually, and suffers from great oppression and anguish ; the chills also alternate with flushes of heat ; the eyes become red, glassy, and watery ; an aching pain commences to rage in the forehead ; towards the root of the nose, which is dry and obstructed, the cheeks are hot, deglutition is impeded by a tensive burning and stinging pain, the submaxillary and parotid glands are swollen, a drawing and tearing is experienced in the ears, the teeth become very sensitive, the root of the tongue is coated with a whitish mucus, breathing becomes more and more anxious, the oppression increases, the pulse quick and undulating. These phenomena characterize the acme of the fever, and disappear by violent critical discharges, such as salivation, profuse emission of urine, excessive perspiration, or the breaking out of an eruption. Sometimes an opposite state occurs ; the countenance looks livid, with blue margins around the dim and glassy eyes ; the head feels

giddy ; the nose, face, and extremities are cold, but towards evening, slight chills, with flushes of heat, are present ; there is now oppression, moaning, anguish, and pressure in the precordia ; the sleep is heavy and restless, the pulse quick and small, the urine clear and yellowish, and there is slight constipation ; this lasts a few days, and then increases in violence ; there is complete apathy, the face pale as death, the body feels cool, the pulse somewhat fuller, and the patient lies in bed listless and weak ; at this stage there is a sudden change ; inclination to vomit, or vomiting of a greenish tenacious substance, oppression at the chest, the breathing difficult, the eyes wander, and the pulse frequently intermittent ; there is slight delirium, even in the day, the skin and tongue are dry, the latter being clean ; death now generally ensues from effusion on the brain. When perspiration supervenes upon any of the preceding symptoms, it is always extremely profuse, and has a clammy, peculiarly fetid smell, never to be forgotten ; it is very exhausting and debilitating, and leaves a great disposition to sweat, even after taking warm drinks ; immediately it has appeared, the abnormal symptoms vanish, and violent raging thirst, caused by the perspiration, sets in.

SKIN.—*Mercurial miliaria* is always preceded by symptoms of marked irritation of the nervous system, and a slow, torpid, febrile paroxysm : the eruption on making its appearance is accompanied by cessation of the restlessness and anxiety of the patient ; the rash breaks out in patches, every day, attended by the same precursory symptoms, till the eruption is complete over the whole body. The vesicles are white and close together ; the fever returns every evening, the pulse is small, soft,

easily compressible, not very quick; the urine is pale, the skin drenched in perspiration, which has a flat, but not sourish smell; nervous symptoms, such as sleeplessness, slight delirium, and even convulsions, supervene; single portions of the eruption disappear, the others remaining; whilst these symptoms decrease and increase continually, the typhoid phenomena augment, the pulse intermits, the rash recedes from the skin, which becomes dry, and the patient dies comatose. This eruption is only met with in extremely severe cases. — *Mercurial eczema*. Troublesome itching, with gradually supervening rose color of the skin, which is traversed by a few red streaks, which on inspection prove to be sound skin. The redness arises from an assemblage of larger or smaller spots, and these impart a sensation of burning heat to the finger; this redness disappears on pressure, but returns directly the pressure is removed; after twelve hours or so, slight elevations are discovered with the finger, which, viewed through the microscope, prove to be vesicles, crowded together; on the second day they become more elevated, and are perceptible to the naked eye, when viewed obliquely, and are filled with yellow lymph; after this the itching abates. On the third day, they become depressed; on the fourth day, they desiccate; on the fifth day, the skin scales off; in severe cases the itching increases to a burning sensation, the skin assumes a dark-red tinge, the vesicles increase to the size of pustules, and the patient is attacked with feverish chills, even before the vesicles make their appearance; the eyes are slightly reddened and watery, the nose stopped, the mouth and pharynx are dry, there is constipation, scanty red urine, and the pulse rather hard, quick, and

small; there is also great restlessness and uneasiness; a few bilious evacuations now occur in the course of the day, the skin, which was burning hot, now begins to perspire, and the skin peels off in patches where the eruption was situated. — *Mercurial herpes of the prepuce*. Internal redness at one spot on the inner surface of the prepuce, attended with considerable itching; the redness is not circumscribed, but is diffused gradually into the surrounding skin; on the second day several vesicles are seen rising slowly, of a pale red, bordering on white, of the size of a millet-seed, and transparent; they spread rapidly, till they coalesce, when they become darker and purulent; they burst on the third day, and then exhibit a roundish excoriation, with a slightly elevated border; the base is yellowish white, secreting a good deal of pus; the continued redness of the mucous membrane, and the recently formed ulcers, occasion an itching, burning sensation, increased by the application of cold water; the discharge continues four or five days, after which the ulcers assume a whitish appearance, disappearing in a day or two. A beautiful bright-red cuticle makes its appearance in the place of the former ulcers, on a level with the sound mucous membrane. — *Mercurial impetigo*. Dark red spots, of various sizes, appearing in the region of the sexual organs, and then on the chest; they are unequal, and run into one another, which gives them the appearance of a map; they do not seem to be raised above the skin, but itch considerably; some months after their first appearance they become somewhat browner, and rash-like vesicles make their appearance on the spots; they become depressed in their centre on the fifth, and scale off on the ninth day, the itching continu-

ing. At first the vesicles are only seen on the sternum, after which they spread over the whole chest, arms, calves, and inner surface of the thighs; the vesicles break out repeatedly; sometimes some of them burst, leaving small indented ulcers, which run into one another, and secrete a brownish-yellow, tenacious, and viscid pus, which dries up into a crust, under which the process of suppuration continues; the upper parts of this scurf gradually assume a whitish-gray appearance, and scale off; this scaling off and forming anew of the scurf is going on constantly, as soon as the ulcers are once formed. After the eruption has lasted two or three months, the other parts of the skin, which had, so far, remained free, become affected; the skin becomes rough, dry, parched, and covered with small bran-like scales; these scales accumulate principally on those parts of the skin that are covered with hair, which frequently falls off in patches, along with the scales; these symptoms are accompanied with other mercurial symptoms involving the gastric and urinary organs, and the mucous tissues. — *Mercurial ulcers*. Interstitial distention of the mucous membrane, which becomes bluish-red in one or more places; these spots soon become whitish, and the dissolution of the part becomes evident; in a few hours the whitish-gray substance changes to a fetid ichor, flows off, and exhibits an indented flat circular ulcer, with almost spongy base, and indented edge; the ichor is profusely discharged, the ulcer spreads rapidly in extent, but not in depth, and is very painful; in severe cases it assumes a dirty, putrid appearance, and becomes rapidly phagedenic. Blood is now discharged from the ulcers, not vigorously, but oozing as from a sponge, which

evinces a state of great debility. — *Mercurial, combined with syphilitic ulceration.* The parts around the chancre are somewhat reddened, which changes in a few hours to a light bluish, violet color; the border of the chancre swells somewhat, becomes raised, and looks like the surrounding parts; very small and fine vessels are now seen running from the edge to the ulcerated surface, the base of which was lardaceous previously, and discharged a thickish pus, but now of a dirty, shaggy appearance, secreting a thin acrid fluid. If red, healthy granulations had existed, they change to a dirty yellowish brown; blood is discharged from the ulcer, which spreads rapidly in breadth and depth, destroying the surrounding soft parts; the sore becomes extremely painful as soon as the neighboring parts turn red.

NERVES. — Along the track of a motor nerve, drawing tearing pains are experienced, not generally fixed, but wandering along its course. If the affection lasts any length of time, it passes to other branches, particularly when the weather is variable; the pain has distinct but irregular intermissions, and recurs after exertion, or heating, or from a current of cool air; wet weather is very distressing in such cases; the nights are generally quiet; violent tearing pains in the tibia and face, proceeding, in the latter case, from the teeth, and extending to the temple and side of the head, and depriving the patient of rest. Trembling of the limbs, so violent that the patient is unable to talk, walk, or eat; he has to be dressed by others; violent trembling, first of the hands, then of the whole body; he is constantly convulsed, and cannot raise his hands to his mouth without striking himself; he even swallows convulsively, with danger of



suffocation; sometimes there is slight drawing in the arm along the track of the nerves; it may be likewise felt in the lower limbs, occasioning a tensive feeling of the muscles, when walking; afterwards, involuntary motion of single muscles supervenes; the drawing now changes to trembling of the affected limbs, which, at first, is slight, but afterwards increases to an intolerable degree; at a later period, single vibrations of the pectoral muscles, and particularly of the neck, are perceived, causing the head to totter, and inducing either a stuttering speech, or an occasional interruption of it, by a convulsive contraction of the parts; sometimes these spasmodic movements extend to the diaphragm, inducing constant hiccough, and to the tongue, producing tremulous and indistinct speech. On attempting to raise the foot, the tremor recommences, and the foot descends again to the ground. Sometimes the patient is, indeed, free from trembling and spasm; but any part of the body that he attempts to move is at once affected by them; the muscles of the left side also suffer more than the right; consciousness is never disturbed.

BONES. — Slight tension and drawing in the bones, which are only covered by cellular tissue and integument, after sunset, and which recurs for some days, about the same time; on the fourth or fifth day the pain becomes gnawing, and at one spot only; this symptom increases, depriving the patient of sleep and rest, till towards morning; there is no abnormal appearance to be observed, but on touching the part there is pain evinced, of a partly sticking, partly aching character; the periosteum now becomes interstitially distended, and exudes an albuminous substance, where the gnawing pain is experienced;

this exudation gradually increases, producing an adhesion between the periosteum and the cellular tissue, and converts both of them into a grayish-white, homogeneous, somewhat doughy, but rather hard-feeling substance; the swelling thus formed varies in size from that of a hazel-nut to that of a hen's egg, but in some cases extends the whole length of the periosteum; these swellings are generally termed *gummata*; the color of the skin on the outside remains unchanged. As soon as the swelling commences to form, the pains increase in intensity, the intermissions become shorter, and finally disappear; the nervous system suffers from the pain, and sleepless nights, failing of the appetite, and hectic fever, often supervene. Sometimes the patient complains of a wandering, drawing pain in the interior of the bones; this shortly becomes fixed to one spot, increases in violence, becomes gnawing and boring, and occasions indescribable sufferings, depriving him of sleep; after some weeks, the bone begins to swell, feels hard and bony, showing that it arises from interstitial distention. The pains, which are now frightful, are characterized by intermissions, aggravated by the warmth of the bed, decrease in a cooler temperature, and are most violent during a change of weather. Caries of the bone may result, the bone becoming so friable that it may be crushed with the fingers.

**Mezereum.** Dark urine, becoming turbid, and depositing loose flocculi, and a reddish sediment, and occasionally blood; burning in the fore part of the glans during urination, and stinging, pricking in the urethra; crampy sensation in the bladder, and discharge of mucus from the urethra. Tearing in the penis, with jerks and

darting in the glans; fine pricking stitches in various parts of the glans; dark-red inflammation of the internal surface of the prepuce, without swelling, with violent itching and soreness in the evening; painless swelling of the scrotum; discharge of mucus from the vagina. Tearing, boring, smarting, and burning in various bones; violent corrosive sensation and throbbing in contused wounds; itching redness, drawing, and stitches in ulcerated wounds.

[*In skin-diseases*: Itching, occurring in the evening, when in bed; aggravated and changing to burning by touch, or by scratching. Sensitiveness to touch.]

**Millefolium.** Congestion of blood to the urinary organs, with sanguineous discharges, particularly hæmaturia.

**Moschus.** Scanty and thick urine, like yeast; violent sexual excitement, even in old people.

**Natri murias.** Frequent or involuntary emission of urine, which deposits a loamy or brick-dust sediment; burning and biting in the urethra when urinating; discharge of thin mucus, leaving stiff translucent spots on the linen. Discharge of yellow pus from the urethra, but without pain during micturition; strong and offensive smell of the genital organs, with intolerable smarting itching; itching and redness of the tip of the glans, with great humidity of the part. Pinching and drawing aching in the testicles; dryness of the vagina.

**Nux vomica.** Pale urine, containing thick, white, purulent matter, or tenacious mucus, with violently burning pains. Urine depositing a red brick-dust sediment; pain in the neck of the bladder, of a burning or

tearing nature ; burning in the urethra, and soreness at its orifice ; spasmodic contraction of the urethra, with retention or difficult emission of urine ; paralysis of the bladder ; the urine coming away as soon as formed, drop by drop ; urine mixed with blood. Sore pain at the tip of the glans, which itches and smarts, and burns and itches at its posterior part ; smarting itching of the inner surface of the prepuce, and soreness of its margin, particularly towards evening. Heat, stitches, and constrictive pain in the testicles, which are swollen, indurated, and drawn up, with sticking and spasmodic feeling in the spermatic cord ; nocturnal emissions, followed by coldness of the feet, and great languor ; great nervous prostration and debility, with noises in the head, restlessness, and disturbed sleep ; sleepiness after eating ; disinclination to work, which quickly wearies ; trembling of the limbs, attended with palpitation of the heart, acute nervous sensibility to light, noise, or even the least trifle ; ill humor and peevishness ; general derangement of digestion, with foul taste, costiveness, nausea, and retching ; feeling of constriction round the waist ; motions large, hard, and lumpy, or consisting of slime and froth ; shooting pains through the body ; weariness and dragging pains in the back ; complexion sallow and livid, with blue circles round the eyes ; coldness and chilliness, and tendency to take cold.

[**Occimum canum.** Turbid urine, depositing a white and albuminous sediment. Burning during micturition. Urine of a saffron color. Diarrhœa, several attacks a day. Crampy pain in the kidneys. *Renal colic, with violent vomiting every fifteen minutes ; one wrings one's hands,*

*and moans and cries all the time. Red urine (or BLOODY,) with brick-dust sediment after the attack ; (or DISCHARGE OF LARGE QUANTITIES OF BLOOD WITH THE URINE ; curative, reported by Dr. Lippe.) Thick, purulent urine, with intolerable smell of musk. (Right kidney affected, like Kali carb. L.) Swelling of inguinal glands. Heat, swelling, and excessive sensibility of the left testicle. See Mure's *Materia Medica*, p. 215, and Lippe's *Text-Book of Materia Medica*.]*

**Opium.** Suppression of urine, or, on the contrary, excitation of the renal vessels, with increased flow of urine ; feeling of closure of the urethra, and difficulty, or spontaneous interruption in urinating. Lemon-colored, or dark red urine, depositing a thick sediment.

**Petroleum.** Involuntary micturition ; frequent desire to void urine, which passes off in a double stream, attended with burning pain, and tearing in the glans, and burning in the neck of the bladder ; the urine is either dark yellow, with a red sediment, or turbid, and red as blood, dark brown flocks subsiding after a time ; the urine is generally fetid, or exhales an ammoniacal smell ; throbbings in the urethra, with mucous discharge ; frequent nocturnal pollutions. Reddish eruptions on the glans, with itching and tearing ; cramp-like pains in the left spermatic cord, the scrotum being drawn up ; herpes on the genital organs. Brown spots on the wrist. Unhealthy skin ; even small wounds ulcerate and spread ; stitching in ulcerations.

**Petroselinum.** Secretion of milky moisture in the urethra, and afterwards agglutination of the orifice by yellow albuminous discharge, with slight burning when

urinating, and tingling rather than burning from the perinæum through the whole urethra, followed by pressure in the region of Cowper's glands. Profuse emission of semen towards morning.

**Phosphorus.** Profuse urination, smelling like garlic or sulphur, or having a strong ammoniacal odor, depositing a yellowish-white sediment; or acrid red or brown urine, with sediment of red sand or yellow mucus. Greasy pellicle on the urine; cutting and smarting pain on urinating, with discharge of a few drops of mucus or blood; difficult emission of urine, the passage feeling choked or impeded. Violent drawing in the testicles, and drawing stretching pains in the spermatic cord; frequent erections and loss of semen for several days together. Twitching, tearing, darting, and tension in the cheek-bones and jaw, with threatening caries. Sense of languor, indolence, and nervous debility, like that produced by excessive loss of animal fluids; great acuteness of the senses, and tendency to start easily; giddiness and confusion of ideas, particularly in the morning; unrefreshing sleep, disturbed by anxious dreams. Darting pains in the left side of the chest; aching in the pit of the stomach, with flatulency; discharge of blood from slight wounds or ulcers; lymphatic swellings, perforated in many places by fistulous openings; scurfy eruptions and pimples on the skin, with falling off of the hair; brown or bluish-red blotches on the skin; sickly, wan, and pallid countenance.

**Platina.** Red urine, with white clouds, becoming turbid, and depositing a red sediment on the sides of the vessel; congestion of blood to the uterus; painful sensitiveness, and continual pressure in the region of the



female sexual organs, with internal, almost constant chills; frequent urging to urinate, as if the bladder were contracted spasmodically.

**Plumbum.** Tenesmus of the neck of the bladder, before, during, and after urination, the urine looking saturated, brown, and mixed with blood; copious red or yellow urine, without containing albumen. Pulling, tearing, and contractive pain in the testicles, spermatic cord, and penis, attended with violent pain in the hypogastrium; it is generally that both testicles are attacked, though sometimes one is more painful than the other; when the pains are violent, the testicles are drawn up; and the scrotum becomes wrinkled during the paroxysm, relaxing again during the remission. Serous infiltration and puffy appearance of the skin, which is dry, scaly, rough, yellowish, or clay-colored, with dark spots; violent tearing, crushing, sudden, violent jerkings in the bones, occurring at night, and depriving the patient of rest.

**Pulsatilla.** Retention of urine, with redness and heat of the external region, and painful when pressed; continual pressure on the neck of the bladder, with cutting pain, as if occasioned by flatulence. The urine is generally dark brown, depositing sandy or brick-dust sediment, or occasionally of a violet color; creeping, pressure, and drawing in the urethra, which is often contracted, the stream becoming very thin; discharge of whitish fluid, or dark blood from the urethra. Stinging itching in the prepuce when sitting and lying, but not when walking; biting itching under the prepuce, near the glans; swelling of the right side of the scrotum, which hangs down low; the right testicle is drawn up and swollen, in conjunction with the spermatic cord, with tensive pains, the

left testicle being greatly relaxed. Inflammatory action in the prostate gland, with pain and swelling in the region of the neck of the bladder, with intermittent stream and spasmodic contractive pain after urination, extending to the thighs; swelling of the veins of the testicles; burning, stinging in the vagina and labia; violent tearing, boring, and cutting pains in the eye, with pressure as from heat, and feeling as if sand were in the eyes; inflammation of the eyes, with profuse lachrymation, secretion of mucus and dimness of sight; redness and swelling of the lids; contraction of the pupil, followed by dilatation; burning itching of the skin, with bluish-red swellings; ulceration of the skin, similar to that present in caries, with stinging, biting pain, or burning as from hot coals, with itching all round; swelling of the veins round the ulcer, with hard and shining swelling of the part. Weakness, weariness, and heaviness, with coldness and blueness of the skin, and great chilliness, increased when the pains in the limbs are present; bruised pain in the muscles of the thighs, with unsteadiness and weakness of the knees, which give way when walking. Numb pain in the soles of the feet, or tingling and stinging when standing, as if they were pithy and gone to sleep; gastric symptoms, consisting of nausea, hiccup, frequent eructations, with putrid risings, pain, and pressure, with fulness of the stomach; whining and melancholy temper.

**Rhododendron chrysanthum.** Itching and increase of sweat about the scrotum, which shrinks easily; the testicles are drawn up, swollen, and painful to the touch; the pains are contusive and drawing, affecting first one and then the other; violent stitching in the testicle, as

if contused, felt only when sitting ; sometimes the pain is pricking, commencing in the right testicle, and spreading in a zigzag along the perinæum to the anus, lasting some minutes, and arresting the breathing while it lasted ; darting, tearing pains in the bones.

**Rhus toxicodendron.** Incontinence of urine, particularly during rest ; the emission is often profuse, frequently every few minutes ; double stream of urine, with snow-white sediment, and burning in the urethra, which is nearly closed by swelling. Swelling of the prepuce, close to where it unites with the glans ; thickening and hardness of the scrotum, or puffy, itching swelling, attended with a humid eruption ; vesicles on the glans, which is swollen, and accompanied with biting in the urethra ; warts on various parts of the body ; vesicles and tubercles on the joints ; pressure, with drawing in the periosteum, as if the bone were scraped ; numbness of various parts, or paralysis of the lower limbs, with dragging, slow, difficult walk, and tingling in the parts ; staggering, and inability to stand erect.

**Ruta graveolens.** Pressure in the region of the neck of the bladder, as if the neck were painfully contracted, after micturition ; the quantity of urine discharged is inconsiderable, but the sensation immediately occurs as if the bladder were again full ; excessive urging, although but few drops pass, and there is painful burning at the same time ; burning, gnawing pain in the periosteum ; bruised feeling in the thighs ; on rising the patient is unable to stand, so that he falls back on the chair ; the bone feels broken, the thighs giving way from weakness and pain ; cramp-like tearing, with pressure in the limbs ; affections of the periosteum, such as result from injuries

**Sabina.** Intermittent, almost constant desire to urinate, with fleeting, burning pains in the region of the bladder. Smarting during urination, the urine being turbid at the time; inflammatory action in the urethra, with purulent discharge; discharge of slime from the vagina, and sanguineous urine, with strangury; severe stitches in the vagina from before backwards; swelling of the periosteum, with aching, burning pain.

**Sarsaparilla.** Burning and scraping in the urethra during micturition, with emission of oblong flocks; severe tenesmus, as in gravel, with emission of white, acrid, turbid matter, and mucus; symptoms similar to hydrargyrosis; discharge of yellow pus from the urethra, with redness and inflammation of the glans; herpes on the prepuce. Intolerable stench about the sexual organs.

**Scilla maritima.** Great desire to urinate, with emission of clear urine; incontinence sometimes at first results. Afterwards scanty emission of dark urine, of a brownish yellow, foaming, and forming flocks; red sediment in the urine; compressive pain in the testicles; stitches in the glans of a dull nature.

**Sepia.** Urine dark and turbid, as if mixed with mucus; urine throwing down a brick-dust or red sediment, or occasionally mixed with blood; pressure on the bladder, with burning after micturition; frequent incontinence of urine, more urine being passed than drink has been taken. Smarting and tearing in the urethra; copious perspiration of the sexual organs, the glans hot and itching, the prepuce being sore; continual suppuration and itching of the prepuce; heat, cutting, pinching, and tearing in the testicles; gonorrhœa, preceded by complete inert'a of the genital organs for some days;

coldness of the parts ; general nervous excitement, which is almost always accompanied by sleeplessness, and occasionally loss of appetite ; formication, voluptuous titillation, and occasionally acute stitches in the urethra or vagina ; frequent urging to urinate ; discharge of mucus, which gradually becomes milky, and at last slightly greenish ; it increases from the first to about the tenth day, and decreases about the fifteenth, although liable to last for months. Tremulous motion of the whole body, with uneasiness, and pulsations in various parts ; weakness and faintness, sensibility to cold ; profuse perspiration when taking exercise ; great weariness on rising ; pulse small, feeble, and irritable ; tendency to congestion.

**Silicea.** Ulcerations discharging fetid, sanguineous, whitish, or yellowish pus, generally thick and tenacious ; ulcerations with shaggy, callous edges, penetrating to the bone ; the soft parts round about are swollen, hard, and blue ; the orifices of fistulous canals are callous ; hectic fever produced by caries, with exfoliation of the diseased portion of the bone, attended with profuse secretion of partly malignant or partly healthy pus, and extreme nocturnal perspiration ; yellow, light-colored, hot urine, depositing a yellow gravel, attended with smarting itching, with red spots on the glans ; swelling of the prepuce ; with itching, humid pimples on the outside ; effusion of fluid into the tunica vaginalis of the scrotum, which itches, and is covered with moisture ; pain in the left testicle, as if swollen or indurated.

**Spongia tosta.** Frothy, clear, saffron-colored urine, depositing a yellow sediment ; or urine with thick grayish-white deposit ; voluptuous itching of the tip of the glans, with itching burning of the scrotum ; squeezing,

strangulating pain in the testicles ; dull stitches extending to the spermatic cord, which is painful and swollen, increasing swelling of the testicle, which is firm, smooth, and round, the size of the fist, without alteration of the external skin ; generally painless, except dull, stitching pains occasionally ; the testicles are sensitive to pressure, withdrawing in the spermatic cord and loins ; hard swelling and suppuration of various glands.

**Staphysagria.** Sticking pain in the right side of the glans when standing or walking ; passing of the urine at night is attended with erection of the penis, with burning in the region of the neck of the bladder ; the urine itself being emitted in drops. Violent drawing burning stitches from the right abdominal ring, apparently in the spermatic cord, as far as the right testicle, which is painless to the touch ; drawing and tearing in the right testicle, with pressure, as if it were compressed ; white humid excrescences in the hollow behind the corona glandis, with similar excrescences on the corona itself, both itching when rubbed ; pressive pain in the periosteum of the bones, not altered either by motion or rest, nor increased by pressure ; blackness, brittleness, and caries of the teeth ; despondency and uneasiness as to the state of the health ; extreme irritability of temper, and susceptibility to vexatious impressions ; sudden impulses ; embarrassment and confusion of the intellectual faculties ; incapability of sleeping, owing to nervous excitement ; dulness of hearing, and mistiness before the eyes ; tremulousness, with palpitation of the heart at the least excitement, or even exercise.

**Stramonium.** Sensation of impossibility of retaining the urine, and as if the urethra were too narrow and



wanted dilating; frequent emission of urine, passing in drops, but retained at first for a minute, before making its appearance; during urination no stream is formed, in spite of powerful straining; the urine is warmer than usual, but passes only in drops; copper-colored spots on the skin; discoloration of old cicatrices.

**Sulphur.** Retention or very scanty emission of urine, with discharge of drops of bloody urine, after great efforts; frequent and sudden desire to urinate, preceded by cutting in the hypogastrium, with thin or intermittent stream of urine; the urine deposits red or whitish sediment or slime, and blood is mixed with it, and is often very acrid and fetid, or covered with a greasy pellicle; smarting, burning, itching, or cutting in the urethra (which is frequently swollen at its orifice), during, before, or after urination; bluish coldness of the whole penis; violent itching of the glans; redness and swelling of the prepuce, with secretion of fetid pus from its inner surface; it becomes stiff and hard as leather; it shines on its inner surface, and secretes a disgustingly smelling ichor. Thickening and swelling of the epididymis, with pressure and tension in the scrotum and spermatic cord; burning and sore feeling in the vagina, with inflammation of one of the labia. Swelling of the glans, with purulent infiltration or ulceration of the same, discharging thick yellow pus; these ulcerations have a bluish circumference, not very sensitive, the base being covered with pale red, spongy, insensible proud flesh, with a smooth and shining surface; inflammatory swelling of the conjunctiva, which is interstitially distended; redness and ulceration of the cornea; puffy swelling of the eyelids; purulent discharge from the eyes; contraction and immobility of the pupil;

discharge of acrid tears, intolerance of light, with violent tearing pains round the eyes and in the temples, considerably aggravated at night; fungous excrescences on the skin; biting, itching, and stinging in the diseased parts. Sad, melancholy disposition, with irritability and inclination to tears; confusion and distraction of the head, with dizziness, fulness, and pressure; attacks of giddiness, ending in fainting; great restlessness, extreme exhaustion being induced by the slightest exertion; pulse small, quick, and irritable; tremulous palpitation of the heart; tendency of the limbs to become numb and torpid.

**Terebinthina.** Inflammatory symptoms about the bladder; violent dragging and cutting pains, or frequently recurring spasmodic pains, with burning in the bladder and urethra, difficult micturition, or complete suppression of urine; the urine is generally red and scanty, or even bloody, smelling of violets, depositing muddy white-yellow or slimy sediment; dysuria, attended with real urethritis, with painful erections; violent crampy pains in the left testicle, and along the left spermatic cord.

**Teucrium marum.** Sore feeling, with pressure in the fore part of the urethra, attended with smarting pain when not urinating; drawing pain at the root of the penis on the left side, extending to the integuments of the left testicle, so that they are painful for some time after, when touched.

**Thuja occidentalis.** Frequent and copious urination, accompanied by straining, the stream being interrupted several times before the urine is entirely voided, and accompanied with burning pains; after micturition some

urine remains in the urethra, which drops out afterwards; the urine is pale at first, but becomes cloudy on standing; red urine, depositing brick-dust sediment; burning and cutting in the urethra during urination; lancinations in the fore part of the urethra, with burning, piercing stitches; painful stitches in the fore part and in the external surface of the prepuce, stinging and itching in the fore part of the glans; itching and pricking in the scrotum; drawing sensation in the testes, with swelling of the inguinal glands; profuse perspiration of the sexual organs, considerable swelling of the prepuce, which has red excrescences on its inner surface; reddish pimples on the prepuce, changing to an ulcer, which is covered with scurf, itches, and is sometimes painful and burning; fig-warts on the sexual organs, and around the anus, which itch, sting, and burn, and occasionally bleed; smarting of the female sexual organs when urinating; tubercles in the mucous membrane of the vagina; chronic ulcers, with flat but widely indurated edges, grayish bottom, and discharging ichorous and fetid pus; falling off of the hair; sensitiveness to cold, and deficiency of animal heat; great coldness along the spinal column; sleeplessness, depression of spirits, vertigo, difficulty of thinking; benumbing, gnawing, twitching, crampy pains at the nape of the neck, back, loins, and shoulders, &c.; palpitation of the heart.

**Uva ursi.** Painful micturition, with burning; slimy, purulent urine; mixed with blood.

**Veratrum album.** Burning, acrid, dark, red, greenish, or yellow, turbid urine; pain in the urethra, as if constricted behind the glans, accompanied with ineffectual desire to urinate, the bladder being empty; burning in

the urethra when urinating; soreness of the prepuce, and drawing pains in the testes; violent erections. Violent ophthalmia, with cutting pains in the eyes, and profuse lachrymation; dilatation or contraction of the pupils, with momentary vanishing of sight.

**Zincum.** Involuntary discharge of urine; turbid and loam-colored urine; yellow urine, depositing flocks; pressure on the bladder; intensely painful drawing in the urethra and fore part of the penis; sharp cutting, tearing, itching, and burning in the urethra; great falling off of the hair; herpes of the tonsils, of the palate, or root of the tongue; swelling of the tonsils, with slight redness, followed by irregular whitish-blue flat spots, having the appearance of lard, the epidermis being raised; the whitish, smooth, jelly-like surface feels hard, and cannot be abraded; stinging, smarting, and sore feeling, which is aggravated by hawking or swallowing.



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